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Item 85 of the provisional agenda*
Report of the International Atomic Energy Agency

Report of the International Atomic Energy Agency

Note by the Secretary-General**

1. The forty-ninth report of the International Atomic Energy Agency, for the calendar year 2004 (GC(49)/5), is submitted herewith to the General Assembly. Major developments since this report was published will be covered by the annual statement of the Director General of the Agency to the General Assembly. The report has been transmitted in accordance with the provisions of article III, paragraph 1 (a), of the Agreement governing the relationship between the United Nations and the International Atomic Energy Agency (General Assembly resolution 1145 (XII), annex).

2. As only a limited number of copies of the report are available, it has not been possible to make a full distribution. Delegations are therefore requested to have the copies transmitted to them available during discussion of this item.

* A/60/150.

** The annual reports, in all languages, are printed in Vienna in August of each year as part of the documentation for the General Conference of the International Atomic Energy Agency. A specified number of copies are sent to the United Nations as part of the documentation for the General Assembly.

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Item 56 (c) of the provisional agenda*
Globalization and interdependence: international migration and development

International Migration and Development

Report of the Secretary-General

Summary

In its resolution 58/208 of 23 December 2003, the General Assembly decided to devote a high-level dialogue to international migration and development during its sixty-first session in 2006. The purpose of the high-level dialogue is to discuss the multidimensional aspects of international migration and development in order to identify appropriate ways and means to maximize its development benefits and minimize its negative impacts. Additionally, the high-level dialogue should have a strong focus on policy issues, including the challenge of achieving the internationally agreed development goals.

The General Assembly also requested the Secretary-General to report to it at its sixtieth session on the organizational details of the high-level dialogue. In its resolution 59/241 of 22 December 2004, the General Assembly recalled the decision to devote a high-level dialogue to international migration and development during its sixty-first session and reconfirmed that the Secretary-General would report to the General Assembly at its sixtieth session on the organizational details of the high-level dialogue. Pursuant to those resolutions, the present report addresses the organizational details of the high-level dialogue.

The General Assembly, upon consideration of the present report, will set the dates for the high-level dialogue and decide on its organization of work, including the number and timing of plenary meetings and informal interactive meetings.

* A/60/150.

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I. Subject, purpose and content of the high-level dialogue

1. In its resolution 58/208 of 23 December 2003, the General Assembly decided to devote a high-level dialogue to the theme of international migration and development in 2006 and requested the Secretary-General to report to it, at its sixtieth session, on the organizational details. In its resolution 59/241 of 22 December 2004, the General Assembly reconfirmed this request and that the high-level dialogue would be held during its sixty-first session. The present report provides the organizational details of the high-level dialogue, bearing in mind that, as General Assembly resolution 58/208 stipulates: "(a) the purpose of the high-level dialogue is to discuss the multidimensional aspects of international migration and development in order to identify appropriate ways and means to maximize its development benefits and minimize its negative impacts; (b) the high-level dialogue should have a strong focus on policy issues, including the challenge of achieving the internationally agreed development goals; (c) round tables and informal exchanges are useful for dialogue; (d) the outcome of the high-level dialogue will be a Chairperson's summary, which will be widely distributed to Member States, observers, United Nations agencies and other appropriate organizations." (paragraph 10, resolution 58/208).

2. In resolution 59/241, the General Assembly recognized the important contributions that international and regional efforts, including by the regional commissions, can provide to the high-level dialogue. The Assembly also invited appropriate regional consultative processes and other major initiatives undertaken by Member States in the field of international migration to contribute to the high-level dialogue. In particular, the General Assembly took note of the establishment of the Global Commission on International Migration. The report of the Global Commission will be available in October 2005. The General Assembly may wish to take into account the recommendations made in that report in finalizing the arrangements for the high-level dialogue.

3. At the request of the General Assembly (resolution 59/241), the Secretary-General will prepare a comprehensive overview of studies and analyses on the multidimensional aspects of migration and development, including the effects of migration on economic and social development in developed and developing countries, and on the effects of the movements of highly skilled migrant workers and those with advanced education. That report will serve as a substantive input for the high-level dialogue.

4. The organizational details for the high-level dialogue on international migration and development proposed in the present report are largely based on the established practices of other recent high-level meetings of the General Assembly.

II. Participation

A. Member States and observers

5. As in other high-level meetings of the General Assembly, the high-level dialogue would be open to participation by Member States, the Holy See, in its capacity as Observer State, and Palestine, in its capacity as observer, and intergovernmental organizations and other entities having received a standing

invitation to participate as observers in the sessions and work of the General Assembly (A/INF/57/4), in accordance with the rules of procedure of the Assembly. Accordingly, it is expected that the International Organization for Migration would be invited to the dialogue.

6. In addition, in the light of the provisions of resolution 59/241 referred to in paragraph 2 above, the Assembly may consider inviting representatives of relevant institutional stakeholders, that is, representatives of or spokespersons for regional intergovernmental consultative processes and the Global Commission on International Migration.

7. Member States should be encouraged to participate in the high-level dialogue at the ministerial level.

B. Other institutions

8. Relevant entities of the United Nations system would be invited to the high-level dialogue. The General Assembly may wish to encourage those entities to be represented at the highest level.

9. In recognition of the important contributions that regional efforts can provide to the high-level dialogue on international migration and development, as noted in General Assembly resolution 59/241, the General Assembly may wish to encourage the participation of the Executive Secretaries of the regional commissions of the United Nations.

C. Civil society and other stakeholders

10. Civil society and other stakeholders, including the business sector, can make valuable contributions to a dialogue on international migration. Owing to space limitations at United Nations Headquarters, the broad participation of civil society in the dialogue itself may not be possible. In other high-level meetings of the General Assembly civil society has organized special consultations or hearings prior to those meetings. If such consultations or hearings were to take place, the General Assembly could invite representatives of civil society and representatives of the business sector to participate in the dialogue by reporting on the consultations or hearings.

III. Organizational arrangements

11. The high-level dialogue would consist of plenary meetings and informal interactive meetings, including round tables. A dialogue of two-day duration is necessary to accommodate the active participation of all Member States and other stakeholders. In particular, at least two plenary meetings[1] need to be programmed to accommodate the number of official statements expected.

12. To facilitate participation at the highest level, the high-level dialogue could be held at the beginning of the sixty-first session of the Assembly, which is scheduled to start on 12 September 2006. The suggested dates for the dialogue are 14 and 15 September 2006.

13. The dialogue would start with a plenary session that would adopt the agenda, hear introductory statements by the President of the General Assembly, the President of the Economic and Social Council and the Secretary-General of the United Nations, and proceed with statements from ministers and high-level officials. An informal interactive meeting devoted to a policy dialogue would then follow. It would be opened by the Under-Secretary-General for Economic and Social Affairs and would include two panel discussions on policy relevant issues. On the second day, five concurrent round tables would be held. The dialogue would conclude in the afternoon with a plenary meeting that would end with a concluding statement by the President of the General Assembly (see annex for a full programme).

14. Plenary meetings would thus occupy the first morning and the last afternoon of the high-level dialogue. Statements during the plenary meetings would be limited to five minutes, on the understanding that the limit would not preclude the distribution of more extensive texts and that the principle of precedence would be strictly applied to accord priority to participation at the ministerial level.

15. During the first afternoon of the dialogue, an informal interactive meeting devoted to a policy dialogue would be held. Participation in the informal interactive meeting would be open to Member States and observers, other accredited institutions and representatives of civil society and the business sector.

16. To allow a free-flowing, interactive discussion during the informal interactive meeting, no list of speakers would be established. All participants would be invited to speak from their seats and would be strongly encouraged to avoid reading from written statements. Representatives of civil society and representatives of the business sector, selected by accredited participants among themselves, would be invited to speak on behalf of each group (see paragraph 10 above).

17. As part of the informal interactive meeting, two panel discussions focusing on ways of enhancing the response of the United Nations system to the challenges posed by international migration would be organized. One panel would focus on relevant international instruments and their role in enhancing the benefits of migration and the other would focus on the role of international migration in achieving the internationally agreed development goals. Panellists would include heads of relevant entities of the United Nations system.

18. On the second day of the high-level dialogue, five round tables would be held concurrently to permit focused discussion of selected issues. Participation in the round tables would be open to Member States and observers and to entities of the United Nations system and other relevant institutional stakeholders (see paragraph 6 above).

19. To promote interactive participation in the round tables a limit on the number of participants would have to be set. The overall number of participants per round table could be limited to 50 or fewer, at least five of whom would be representatives of entities of the United Nations system and another five, representatives of other relevant institutional stakeholders. The list of participants in each round table would be established on a first-come, first-served basis.

20. The chairperson of each round table would be designated by the President of the General Assembly, after consultation with the regional groups, from among the ministers attending the high-level dialogue and with due regard for geographical representation.

21. The round tables would focus on policy issues that would be most likely to result in action to enhance the positive impacts of international migration on development or to reduce its negative consequences. The topics suggested are: (a) the effects of international migration on economic and social development; (b) the migration of highly skilled persons; (c) actions to improve the impact of remittances on development; (d) international cooperation to prevent and combat the trafficking in persons; and (e) institutional mechanisms to enhance international cooperation for the benefit of countries and migrants alike.

22. The substantive basis for the discussion in the round tables would be provided by the comprehensive overview of studies and analyses on the multidimensional aspects of migration and development being prepared by the Secretary-General (see paragraph 3 above). In addition, there would be two lead discussants per round table who would introduce the subject under discussion. The lead discussants would be designated by the President of the General Assembly on the basis of recommendations made by the Secretary-General.

23. The chairpersons of the round tables would be requested to submit to the President of the General Assembly summaries of their respective round-table discussions.

IV. Outcome of the high-level dialogue

24. As stipulated in resolution 58/208, the outcome of the high-level dialogue will be a Chairperson's summary (that is, the President's summary), which will be widely distributed to Member States, observers, United Nations agencies and other appropriate organizations. The General Assembly may wish to specify that the President's summary would include summaries of the round-table discussions and would be issued as an official document of the General Assembly.

V. Conclusions

25. **The high-level dialogue on international migration and development will provide a unique opportunity for the international community to set the foundation for enhanced international cooperation in addressing the multifaceted issues raised by the international movement of people. To make the most of that opportunity, it is suggested that the high-level dialogue be held at the start of the sixty-first session of the General Assembly, on 14 and 15 September 2006.**

26. **It is also suggested that Member States be encouraged to participate in the high-level dialogue at the ministerial level. The General Assembly may also wish to encourage the engagement of other stakeholders at the highest possible level, such as relevant entities of the United Nations system and other intergovernmental institutions.**

27. **Regarding the organization of the high-level dialogue, the recommendations made in the present report are summarized in the programme presented as an annex. The dialogue would start with a plenary session that would adopt the agenda, hear introductory statements by the President of the General Assembly, the President of the Economic and Social**

Council and the Secretary-General of the United Nations, and proceed with statements from ministers and high-level officials. There would then be an informal interactive meeting devoted to a policy dialogue that would include two panel discussions on policy-relevant issues. On the morning of the second day, five concurrent round tables would be held. The high-level dialogue would then conclude with a plenary meeting in the afternoon that would be closed by the President of the General Assembly.

28. **It is suggested that the topics for the round tables be the following: (a) the effects of international migration on economic and social development; (b) the migration of highly skilled persons; (c) actions to improve the impact of remittances on development; (d) international cooperation to prevent and combat the trafficking in persons; and (e) institutional mechanisms to enhance international cooperation for the benefit of countries and migrants alike.**

29. **The outcome of the high-level dialogue will be the President's summary. In addition to requesting its wide dissemination, the General Assembly may wish to consider how best to use the outcome document to inform and buttress further decision-making on how to build an effective multilateral mechanism for cooperation in the field of international migration.**

Notes

[1] In the event that official statements could not be accommodated during those two plenary meetings, provisions would need to be made for additional night meetings.

Annex

Proposed programme of the High-level Dialogue on International Migration and Development (United Nations Headquarters, 14 and 15 September 2006)

Thursday, 14 September

Plenary meeting

10 a.m.-10.30 a.m.	Opening of the High-level Dialogue by the President of the General Assembly
	Organizational matters
	Statements by the President of the General Assembly, the President of the Economic and Social Council, and the Secretary-General of the United Nations
10.30 a.m.-1 p.m.	Statements by ministers and high-level officials

Informal interactive meeting

3 p.m.-5 p.m.	Policy dialogue opened by the Under-Secretary-General for Economic and Social Affairs, with the participation of all relevant stakeholders
5 p.m.-6 p.m.	First panel discussion

Friday, 15 September

Informal interactive meeting

9.30 a.m.-10.30 a.m.	Second panel discussion

Round tables

10.30 a.m.-1.30 p.m.	Five simultaneous round tables on different topics

Plenary meeting

3 p.m.-5.45 p.m.	Statements by ministers and high-level officials
5.45 p.m.-6 p.m.	Concluding statement by the President of the General Assembly

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Item 66 of the provisional agenda*
Advancement of women

Status of the Convention on the Elimination of All Forms of Discrimination against Women

Report of the Secretary-General

Summary

The present report is submitted in compliance with General Assembly resolution 58/145 of 22 December 2003 on the Convention on the Elimination of All Forms of Discrimination against Women, in which the Assembly requested the Secretary-General to submit to it at its sixtieth session a report on the status of the Convention and the implementation of the resolution.

* A/60/150.

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I. Status of the Convention on the Elimination of All Forms of Discrimination against Women

1. The Convention on the Elimination of All Forms of Discrimination against Women was adopted by the General Assembly by resolution 34/180 of 18 December 1979. It was opened for signature, ratification and accession in New York on 1 March 1980 and, in accordance with article 27, entered into force on 3 September 1981.

2. As at 31 July 2005, 180 States had ratified, acceded or succeeded to the Convention, of which 77 had acceded to it and seven had succeeded to it. This represents an additional six ratifications since the submission of the last report (see A/58/341, covering the period from 31 July 2002 to 31 July 2003). The most recent States to ratify or accede to the Convention were Kiribati, on 17 March 2004; Micronesia (Federated States of), on 1 September 2004; Monaco, on 18 March 2005; San Marino, on 10 December 2003; Swaziland, on 26 March 2004; and the United Arab Emirates, on 6 October 2004. The list of States parties to the Convention and the dates of their ratification or accession to the Convention are contained in the report of the Committee on the Elimination of Discrimination against Women on its thirty-second and thirty-third sessions.[1]

3. As at 31 July 2005, 45 States parties had deposited with the Secretary-General instruments of acceptance of the amendment to article 20, paragraph 1, of the Convention, relating to the periodicity and duration of the meetings of the Committee. The additional five acceptances since the submission of the last report were by the following States parties: Croatia, on 24 October 2003; Ireland, on 11 June 2004; Lithuania, on 5 August 2004; the Philippines, on 12 November 2003; and Uruguay, on 8 January 2004.

4. During the period from 31 July 2003 to 31 July 2005, reservations were entered by Micronesia (Federated States of) to article 2 (f), article 5, article 11, paragraph 1 (d), article 11, paragraph 2 (b), article 16 and article 29, paragraph 1; Monaco to article 7, paragraph (b), article 9, article 16, paragraph 1 (g) and (e) and article 29, paragraph 2; and the United Arab Emirates to article 2 (f), article 9, article 15, paragraph 2, article 16 and article 29, paragraph 1.

5. During the same period, objections to reservations were received from Austria, Estonia, Germany, Greece, Italy, the Netherlands, Norway, Romania, Spain and Sweden.

6. During the same period, withdrawals of reservations were received from France regarding article 5 (b) and article 16 (1) (d), Ireland to article 13 (b) and (c), New Zealand to article 11 (2) (b) and Switzerland to article 7 (b). The United Kingdom of Great Britain and Northern Ireland informed the Secretary-General of a modification of a reservation.

II. Status of the Optional Protocol to the Convention

7. By its resolution 54/4 of 6 October 1999, the General Assembly adopted the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women. The Optional Protocol entitles individuals and groups of individuals to submit communications concerning alleged violations of

the Convention in a State party to the Convention and the Optional Protocol to the Committee on the Elimination of Discrimination against Women. It also allows the Committee to inquire of its own motion into grave or systematic violations of the Convention. The Optional Protocol was opened for signature, ratification and accession at United Nations Headquarters on 10 December 1999 and entered into force on 22 December 2000.

8. As at 31 July 2005, 71 States parties had ratified or acceded to the Optional Protocol, with 76 States parties having signed it. This represents an increase of 17 ratifications since the submission of the last report. States parties to adhere to the Optional Protocol during the period from 31 July 2003 to 31 July 2005 were: Belarus, on 3 February 2004; Belgium, on 17 June 2004; Cameroon, on 7 January 2005; Gabon, on 5 November 2004; Lesotho, on 24 September 2004; the Libyan Arab Jamahiriya, on 18 June 2004; Lithuania, on 5 August 2004; the Niger, on 30 September 2004; Nigeria, on 22 November 2004; the Philippines, on 12 November 2003; Poland, on 22 December 2003; Romania, on 25 August 2003; the Russian Federation, on 28 July 2004; Slovenia, on 23 September 2004; the former Yugoslav Republic of Macedonia, on 17 October 2003; Ukraine, on 26 September 2003; and the United Kingdom of Great Britain and Northern Ireland, on 17 December 2004.

III. Committee on the Elimination of Discrimination against Women

A. Capacity to fulfil its mandate

Fulfilment by States parties of reporting obligations

9. Article 18, paragraph 1, of the Convention provides that States parties undertake to submit reports on the implementation of the Convention within one year after its entry into force for the State party concerned, and thereafter at least every four years and, further, whenever the Committee on the Elimination of Discrimination against Women so requests.

10. Between 1 August 2003 and 31 July 2005, the Secretary-General received the reports of the following 65 States parties: Angola (combined fourth and fifth periodic report); Argentina (follow-up report); Australia (combined fourth and fifth periodic report); Austria (sixth periodic report); Azerbaijan (combined second and third periodic report); Bosnia and Herzegovina (combined initial, second and third periodic report); Burkina Faso (combined fourth and fifth periodic report); Cambodia (combined initial, second and third periodic report); Cape Verde (combined initial, second, third, fourth, fifth and sixth periodic report); Chile (fourth periodic report); China (combined fifth and sixth periodic report); Colombia (combined fifth and sixth periodic report); Croatia (combined second and third periodic report); Cuba (combined fifth and sixth periodic report); Cyprus (combined third, fourth and fifth periodic report); the Czech Republic (third periodic report); the Democratic Republic of the Congo (combined fourth and fifth periodic report); Denmark (sixth periodic report); Equatorial Guinea (combined fourth and fifth periodic report); Eritrea (combined initial, second and third periodic report); Finland (fifth periodic report); Georgia (combined second and third periodic report); Ghana (combined third, fourth and fifth periodic report); Greece (sixth periodic report);

Guinea (combined fourth, fifth and sixth periodic report); Guatemala (sixth periodic report); Iceland (fifth periodic report); Indonesia (combined fourth and fifth periodic report); Israel (fourth periodic report); Italy (combined fourth and fifth periodic report); Jamaica (fifth periodic report); Kazakhstan (second periodic report); Lebanon (initial report and second periodic report); Lithuania (third periodic report); Malawi (combined second, third, fourth and fifth periodic report); Malaysia (combined initial and second periodic report); Maldives (combined second and third periodic report); Mali (combined second, third, fourth and fifth periodic report); Mauritania (initial report); Mauritius (combined second, third, fourth and fifth periodic report); Mozambique (combined initial and second periodic report); Namibia (combined second and third periodic report); the Netherlands (fourth periodic report); Nicaragua (sixth periodic report); the Niger (combined first and second periodic report); Pakistan (combined initial, second and third periodic report); Paraguay (combined third and fourth, and fifth periodic report); Peru (sixth period report); the Philippines (combined fifth and sixth periodic report); Poland (combined fourth and fifth, and sixth periodic reports); the Republic of Moldova (combined second and third periodic report); Romania (sixth periodic report); Singapore (third periodic report); Suriname (third periodic report); Tajikistan (combined initial, second and third periodic report); Thailand (combined fourth and fifth periodic report); the former Yugoslav Republic of Macedonia (combined initial, second and third periodic report); Togo (combined initial, second, third, fourth and fifth periodic report); Turkmenistan (combined initial and second periodic report); the United Kingdom of Great Britain and Northern Ireland (fifth periodic report); Uzbekistan (combined second and third periodic report); Vanuatu (combined initial, second and third periodic report); Venezuela (Bolivarian Republic of) (combined fourth, fifth and sixth periodic report); and Viet Nam (combined fifth and sixth periodic report).

11. At its thirtieth, thirty-first, thirty-second and thirty-third sessions, held from 12 to 30 January 2004, 6 to 23 July 2004, 10 to 28 January 2005 and 5 to 22 July 2005, respectively, the Committee considered 78 reports submitted by 32 States parties: two initial reports (Democratic People's Republic of Korea and Lebanon); one combined initial and second periodic report (Kuwait); six combined initial, second and third periodic reports (Angola, Benin, Gambia, Latvia, Malta and Samoa); one combined initial, second, third, fourth and fifth periodic report (Lao People's Democratic Republic); one combined initial, second, third, fourth, fifth and sixth periodic report (Bhutan); three second periodic reports (Algeria, Kyrgyzstan and Lebanon); three combined second and third periodic reports (Croatia, Equatorial Guinea and Nepal); one combined second, third, fourth and fifth periodic report (Gabon); one third periodic report (Israel); one combined third and fourth periodic report (Paraguay); one combined third, fourth, fifth and sixth periodic report (Guyana); eight combined fourth and fifth periodic reports (Angola, Burkina Faso, Equatorial Guinea, Ethiopia, Ireland, Italy, Nigeria and Turkey); one combined fourth, fifth and sixth periodic report (Belarus); five fifth periodic reports (Bangladesh, Dominican Republic, Germany, Paraguay and Spain); and one follow-up report (Argentina).

Reports awaiting consideration and overdue reports

12. As at 31 July 2005, 128 reports (mainly combined) submitted by 58 States parties had yet to be considered by the Committee. The Committee will consider the reports of eight States parties during its thirty-fourth session, in January 2006.

13. As at 31 July 2005, there were 187 overdue reports, of which 29 were initial reports, 29 second periodic reports, 35 third periodic reports, 37 fourth periodic reports, 24 fifth periodic reports and 33 sixth periodic reports. A total of 98 States had overdue reports.

B. Working methods of the Committee

14. During the reporting period, the Committee took significant new initiatives to enhance its working methods. Many of the initiatives were agreed upon at an informal meeting held by the Committee from 12 to 14 May 2004 in Utrecht, the Netherlands, at the invitation of one of its members, and with the financial support of the Government of the Netherlands. The agreements reached were formally adopted by the Committee at its thirty-first session, in July 2004.

15. The Committee took a number of steps to enhance the constructive dialogue with States parties. It decided to prepare lists of issues and questions also for initial reports, a decision that took effect at its thirty-second session. At the same time, the Committee reduced the number of meetings allocated for consideration of initial reports from three to two. In an effort to enhance the interactive nature of the constructive dialogue, the Committee now uses the same format for consideration of both initial and periodic reports. Representatives of States parties are expected to respond immediately to each set of questions posed orally by experts, rather than being invited to respond to all questions at a subsequent meeting.

16. The Committee further enhanced the role of the country rapporteur in the preparation of the list of issues and questions and the drafting of the concluding comments, including priorities to be addressed. At the same time, the Committee has started to use country task forces for consideration of periodic reports, where a limited number of experts take the lead in constructive dialogue. The Committee assessed the lessons learned from this experience at its thirty-second and thirty-third sessions, and identified strengths as well as areas for improvement. In general, experts strongly supported the continuation of this method of work at the thirty-fourth session. While country task forces will be established for consideration of up to four reporting States (periodic reports) at the thirty-fourth session, modalities will continue to be used in a flexible manner. The Committee continues to allocate two meetings for consideration of periodic reports.

17. The Committee took steps towards adopting more focused concluding comments for periodic reports. These efforts have led to the inclusion, in the section on critical areas of concern and recommendations, of a new opening paragraph to assess the general framework for the implementation of the Convention in the State party. The paragraph also refers to, or reiterates, issues of concern highlighted in previous concluding comments, as well as action, or lack of such action, taken by the State party. The Committee will continue consideration of prioritization of concerns at its thirty-fourth session. The Committee has also added several new closing paragraphs in all concluding comments, including on the role of the seven

major human rights instruments in the enjoyment by women of their human rights and fundamental freedoms in all aspects of life; the utilization of the Beijing Declaration and Platform for Action in the implementation of the Convention; and the relationship between the full and effective implementation of the Convention and the achievement of the Millennium Development Goals.

18. The Committee encourages States parties to adhere to the page limitations for reports established in its guidelines for reporting (100 pages for initial and 70 pages for periodic reports). At the thirty-first session, the Committee set a page limitation of 25 to 30 pages for the responses to the list of issues and questions, with the possibility of attaching a limited number of additional pages of statistical data only. The secretariat is requested to play a proactive role in bringing these page limitations to the attention of States parties. The Committee also agreed that the list of issues and questions will contain not more than a total of 30 clear and direct questions. It also decided to keep the work of the pre-session working group under review.

19. The Committee continued its practice of meeting informally with non-governmental organizations wishing to present country-specific information on States parties whose reports were before it, usually at the beginning of the first and second weeks of the session. The pre-session working group also provides an opportunity for non-governmental organizations to present oral information.

20. At its thirty-third session, the Committee received, for the first time, information from a national human rights institution in relation to a reporting State. It welcomed this development, and allocated a separate segment during the informal meeting with non-governmental organizations for an oral presentation by the institution. The Committee agreed to develop modalities for interaction with national human rights institutions in coordination with other human rights treaty bodies, and will prepare proposals for submission to the fifth inter-committee meeting in 2006.

21. The Committee continued its efforts to encourage States parties to report under article 18 of the Convention. It decided to consider implementation of the Convention in the absence of a report only as a last resort and in the presence of a delegation. Two States parties, namely Cape Verde and Saint Lucia, whose initial reports under article 18 of the Convention were more than 10 years overdue, were notified of the Committee's intention to take up implementation of the Convention at the thirty-fifth session. They were invited to submit all their overdue reports as a combined report by June 2005. Cape Verde submitted its report in June 2005.

22. The Committee confirmed its decision 21/1 on reports requested on an exceptional basis and under article 18, paragraph 1 (b), in order to obtain and examine the information on an actual or potential violation of women's human rights, where there is special cause for concern about such violation, and adopted revised standards and guidelines.

23. The Committee included an overview of its current working methods for the first time in its report on its thirtieth session. This overview intends to make the Committee's working methods more transparent and readily accessible to States parties and others interested in the implementation of the Convention. The overview will be regularly updated, and is also available on the website of the Division for the Advancement of Women. The third inter-committee meeting subsequently requested

the secretariat of each of the treaty bodies to produce a document detailing its working methods, for inclusion in its annual report, or issued as a separate document (see A/59/254).

24. During the period under review, the Committee adopted general recommendation 25, on article 4, paragraph 1, of the Convention, on temporary special measures (thirtieth session). It commenced work on its next general recommendation, on article 2 of the Convention. It also reviewed its work programme for the preparation of general recommendations, and took note that several experts had volunteered to work on such general recommendations (thirty-second session).

25. The Committee also continued its practice of adopting statements in relation to particular events or developments. During the reporting period, these included: a statement on the occasion of the twenty-fifth anniversary of the adoption of the Convention by the General Assembly (adopted inter-sessionally after the thirty-first session); three statements on the situation of women in Iraq (thirtieth, thirty-first and thirty-third sessions); a statement in regard to the tsunami disaster that occurred in South-East Asia on 26 December 2004 (thirty-second session); and a statement on the occasion of the 10-year review and appraisal of the Beijing Declaration and Platform for Action (thirty-second session).

26. During its thirty-third session, the Committee considered the question of the advisability of a special rapporteur on discriminatory legislation, as requested by the Commission on the Status of Women in its resolution 49/3[2] and provided its views on the issue. Experts also had an exchange of views on the Secretary-General's study on violence against women, based on a briefing by its secretariat. Experts agreed to continue the discussion at the Committee's thirty-fourth session, on the basis of a provisional outline and any draft chapters that would be available at that time. Two members of the Committee serve on the advisory committee for the study.

27. The Committee continued to contribute actively to the work of the human rights treaty bodies, especially within the framework of the annual meetings of chairpersons of treaty bodies, and the inter-committee meeting. The Chairperson, as well as designated members of the Committee, participated in these meetings in 2004 (21 to 25 June 2004) and 2005 (20 to 24 June 2005). The Committee took a particular interest in the proposals for harmonized guidelines on reporting under international human rights treaties and proposed guidelines for an expanded core document and treaty-specific targeted reports, and submitted its preliminary views to the 2005 meeting (HRI/MC/2005/6/Add.1). It subsequently appointed a member who would serve on a working group on the draft of harmonized reporting guidelines. The group would be composed of one expert from each of the seven treaty bodies, in order to finalize the draft guidelines for consideration and eventual adoption by each of the committees. The Committee also designated an expert to serve on a working group on reservations which would report to the inter-committee meeting in 2006.

28. In recent years, the Committee has been able to hold informal inter-sessional meetings that allowed the Committee to discuss and reach agreement on a number of issues concerning substantive aspects and working methods and which could not be accommodated during its regular sessions. Such meetings took place in Madrid, in 1995; in Berlin, in 2000; in Lund, Sweden, in 2002; and in Utrecht, the Netherlands, in 2004. The Committee was therefore very pleased with the prospect

of holding another inter-sessional meeting in the spring of 2006, in Berlin, and plans to use the meeting for substantive discussions, including on the draft general recommendation on article 2, and the proposals of the High Commissioner for Human Rights for a standing unified treaty body.

C. Request for extension of the meeting time of the Committee

29. On several occasions during the reporting period, the Committee discussed its ability to discharge all its responsibilities under the Convention and the Optional Protocol, as well as the constraints resulting from the Committee's limited meeting time. As it continued to enhance its working methods, the Committee also considered other options, including the consideration of periodic reports in parallel working groups (see CEDAW/C/2004/I/4/Add.2) and the extension of its annual meeting time.

30. The Committee was aware that the General Assembly had approved the holding of an exceptional session in 2002 to enable it to clear the backlog of reports that awaited consideration. However, at the beginning of the Committee's thirtieth session (January 2004), a new backlog of reports from 33 States parties had accumulated. By the Committee's thirty-third session (July 2005), the backlog had increased, with the reports of 58 States parties awaiting consideration. A table indicating the status of ratifications, the number of reports received annually since 1982, as well as the number of reports considered by the Committee annually, is contained in annex I to the present report. A table indicating the number of ratifications/accessions and the annual meeting time of and average number of reports considered per session by the seven human rights treaty bodies is contained in annex II.

31. As a consequence, the Committee submitted to the General Assembly at its fifty-ninth session a request for authorization of an extension of its meeting time (decision 31/1), on which no action was taken by the General Assembly. The Committee reiterated the urgent need to find a solution in line with its decision 31/1 and considered all options at its thirty-third session.

32. The Committee's decision requesting an extension of its meeting time is contained in part two of its annual report to the General Assembly[1]. The Committee requests the General Assembly: (a) to authorize the Committee to hold three annual sessions of three weeks each, with a one-week pre-sessional working group for each session, effective from January 2006; and (b) to authorize the Committee to meet, on a temporary basis in 2006 and 2007, for part of its three annual sessions in parallel working groups, for the purposes of considering reports of States parties submitted under article 18 of the Convention. In particular, the Committee requests approval to meet for up to seven days in parallel working groups during its third (July/August) annual session in 2006, and its first (January) and third (July/August) annual sessions in 2007. The Committee notes that it intends to evaluate its experience and the need for parallel working groups in July/August 2007 with a view to submitting a new recommendation to the General Assembly at its sixty-second session. The Committee further requests the General Assembly (c) to continue to authorize two annual sessions of the Working Group on Communications under the Optional Protocol. A statement of the programme budget

implications of the requested extension of the meeting time is contained in the Committee's annual report mentioned above.

D. Working methods with regard to the Optional Protocol

33. During the reporting period, the Committee significantly expanded its activities under the Optional Protocol to the Convention. It has so far allocated up to two meetings per session to deal with all matters relating to the Optional Protocol.

34. The Committee's Working Group on Communications under the Optional Protocol held a three-day session in conjunction with each of the Committee's four sessions during the reporting period. The Working Group has so far registered nine communications (the first in June 2003). On the basis of the Working Group's recommendations, the Committee, at its thirty-first session, took action on communication 1/2003, declaring it inadmissible. At its thirty-second session, the Committee took action on communication 2/2003 (*Ms. A. T. v. Hungary*), finding a violation of several articles of the Convention.

35. The Working Group further refined its working methods and appointed case rapporteurs for each newly registered case. It enhanced its working methods in regard to work between sessions on registration of new communications, and the review and preparation of draft recommendations by case rapporteurs. The Working Group discussed a number of issues arising in conjunction with communications, including the question of admissibility *ratione temporis*, follow-up to views, and article 5 of the Optional Protocol on interim measures, supported by notes prepared by its secretariat. It considered these questions in the light of the Optional Protocol and its rules of procedure, as well as the practice of other human rights treaty bodies with similar procedures.

36. At its thirty-first session, the Committee completed its first inquiry under article 8 of the Optional Protocol, which also included a visit to the territory of the State party, Mexico.[3] It issued its substantive findings and recommendations emanating from its inquiry, together with the State party's observations, in January 2005. The Committee has invited the State party to include, in accordance with article 9, paragraph 1, of the Optional Protocol, details of measures taken in response to the Committee's inquiry in its sixth periodic report under article 18 of the Convention.

37. The Committee continued its work under article 8 of the Optional Protocol during the period under review. In accordance with the provisions of rules 80 and 81 of the Committee's rules of procedure, all documents and proceedings of the Committee relating to its functions under article 8 of the Optional Protocol are confidential and all meetings concerning its proceedings under that article are closed.

IV. Efforts to encourage universal ratification of the Convention, its Optional Protocol and acceptance of the amendment to article 20, paragraph 1, of the Convention

38. The Special Adviser to the Secretary-General on Gender Issues and Advancement of Women and the Director of the Division for the Advancement of Women have continued their efforts to encourage universal ratification of the Convention and the Optional Protocol, and to ensure acceptance of the amendment to article 20, paragraph 1, of the Convention, which relates to the meeting time allocated to the Committee. They have encouraged related action in their meetings with delegations, as well as in statements and presentations at United Nations Headquarters in New York and at other duty stations, as well as at conferences and seminars.

39. During the forty-ninth session of the Commission on the Status of Women, which undertook a 10-year review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcome of the twenty-third special session of the General Assembly, the issues of universal ratification of the Convention and the ratification of the Optional Protocol were addressed by the Special Adviser and the Director of the Division. One of the panel discussions during the Commission focused on synergies between national-level implementation of the Beijing Declaration and Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women.

V. Technical assistance provided to States parties

40. The Division for the Advancement of Women continues to offer technical assistance to States parties, at their request, on implementation of, and reporting under the Convention, as well as follow-up to the Committee's concluding comments. Assistance also involves ratification and use of the Optional Protocol.

41. During the reporting period, the Division organized three subregional training workshops on the implementation of the Convention. Over 70 Government officials from 37 countries participated in the three events, which took place from 11 to 13 September 2003 in Arusha, United Republic of Tanzania, in cooperation with the Government of that country; from 19 to 21 May 2004 in Nassau, in cooperation with the Government of the Bahamas; and from 30 May to 1 June 2005 in Santiago, in cooperation with the Economic and Social Commission for Latin America and the Caribbean. The overall objective of the workshops was to promote women's human rights through the enhanced implementation of the Convention at the domestic level. The workshops were aimed at achieving this objective by enhancing the capacity of Government officials to implement the Convention, prepare reports, and plan and implement follow-up to the Committee's concluding comments. In each case, experts from the Committee on the Elimination of Discrimination against Women served as resource persons and facilitators.

42. In conjunction with each of these training workshops, the Division also convened regional judicial colloquiums focusing on the application of international human rights law, and in particular the Convention on the Elimination of All Forms of Discrimination against Women, at the domestic level. The colloquiums were held from 9 to 11 September 2003 in Arusha, United Republic of Tanzania, in

cooperation with the Government of that country, from 17 to 19 May 2004 in Nassau, in cooperation with the Government of the Bahamas, and from 25 to 27 May 2005 in Santiago, in cooperation with the Economic and Social Commission for Latin America and the Caribbean. Over 50 judicial officers from 29 countries participated in the events. The objective of the colloquiums was to enhance the protection of women's human rights in domestic courts. They examined how international human rights law, and in particular the Convention, could be used for the protection of the rights and interests of women and girls and as an aid and guide to constitutional and statutory interpretation by judges in domestic courts. Participants in the colloquiums adopted statements and reports on challenges and recommendations relating to the use of international human rights treaty law pertaining to women's and girls' human rights in the resolution of cases. Funding for the colloquiums was provided by the Government of Germany.

43. The Division collaborated with the Economic Commission for Asia and the Pacific in a workshop for Government officials of countries of the Commonwealth of Independent States on implementation of and reporting under the Convention in Almaty, Kazakhstan, from 12 to 14 May 2004. Fourteen Government officials from six countries of the region participated in the event, while an expert from the Committee served as a resource person and facilitator.

44. The Division for the Advancement of Women has initiated a sustained programme of support for countries emerging from conflict to implement their obligations under the Convention, with funding provided by the Government of New Zealand. It has received requests for this support from three countries (Sierra Leone, Afghanistan and Timor Leste); work has commenced in each of these countries to develop and deliver a tailor-made programme of support. The objective of the programme is to facilitate enhanced implementation of the Convention in countries emerging from conflict through high-level consultations, deliver training and increase visibility and political support for implementation of the Convention, as well as the development of a comprehensive set of recommendations for priority action by governmental, non-governmental and international bodies.

45. The Division for the Advancement of Women undertook a two-phase technical assistance project with the Government of Sierra Leone to strengthen the capacity of Government officials to implement the Convention. The first phase was carried out from 25 to 27 October 2004. A team of internationally recognized experts held consultations with high-level Government officials (ministry/department heads) in key ministries, then prepared a report with recommendations for priority action by the Government in the field of legislative reform, policy and programme measures, cooperation with civil society and cooperation with the international community. The second phase of the project consisted of two training workshops, held from 4 to 8 April 2005 for Government officials on the implementation of the Convention. The first workshop was designed to enhance the role of catalyst of national machinery for the advancement of women in the promotion and implementation of the provisions of the Convention vis-à-vis other ministries and non-governmental organizations, and in the development of a national gender policy. The second workshop examined the role of line ministries in the implementation of the Convention and its relevance and applicability in a number of substantive sectors, including those of health, education, justice and economic development. A total of 35 Government officials attended both workshops. Experts of the Committee participated as experts/resource persons in both events.

46. A similar high-level consultation mission, intended to sensitize ministers and senior officials in key ministries in Afghanistan on the provisions of the Convention and to develop appropriate recommendations for priority action for enhanced implementation, was scheduled for May 2005, but had to be postponed. Alternative dates for the mission are currently being discussed.

47. The Division, as well as an expert of the Committee, participated in workshops on reporting organized by the Government of Timor-Leste and held in September 2004. At the request of the Office for the Promotion of Equality, the Division supported the participation of another expert from the Committee in March 2005, to assist in a series of workshops to discuss the responsibilities of various line ministries in the preparation of Timor-Leste's initial report under the Convention, including the collection of appropriate sex-disaggregated data and information.

48. The Division for the Advancement of Women, in collaboration with the Office of the United Nations High Commissioner for Human Rights (OHCHR), organized a round table with the participation of national human rights institutions and national machineries for the advancement of women from 15 to 19 November 2004, in Ouarzazate, Morocco. The round table was hosted by the Conseil consultatif des droits de l'homme du Maroc and brought together representatives of national human rights institutions and national machineries for the advancement of women from 14 countries from all regions of the world. The objective of the round table — the first-ever of its type — was to build the capacity of institutions to discuss opportunities for collaboration and for joint strategies for more effective promotion and protection of women's human rights. The round table adopted recommendations, which were aimed at strengthening the capacity of national machineries for the advancement of women and national human rights institutions to promote and protect the human rights of women through the development of institutional links and joint strategies (see E/CN.4/2005/106). Two experts from the Committee served as resource persons at the event.

49. The Division continued development of training materials to support its technical cooperation programme and to assist in efforts to raise awareness about the Convention and its Optional Protocol. A manual on the implementation of the Convention is being prepared in collaboration with the Netherlands Institute of Human Rights at the University of Utrecht, with funding by the Swedish International Development Cooperation Agency. A workshop was held in Utrecht, the Netherlands, from 12 to 14 May 2005, to assess the appropriateness and suitability of the draft chapters for the various constituencies for which the manual is intended. The manual is scheduled for completion before the end of the year. It is part of the joint work plan of the Division for the Advancement of Women and OHCHR (see E/CN.6/2003/5, para. 13).

50. The Division continued its collaboration with the Inter-Parliamentary Union in one-day briefing sessions for parliamentarians from countries whose reports had recently been or would soon be considered by the Committee. The sessions took place on 4 October 2003 and 2 October 2004, with another session being planned for October 2005. In both events, experts from the Committee served as presenters and resource persons.

51. On behalf of the Office of the Special Adviser on Gender Issues and Advancement of Women, the Division participated in a two-day conference, organized and hosted by the Government of Croatia and United Nations

Development Fund for Women in Dubrovnik (Croatia) on 25 and 26 October 2003, on the implementation of the Convention in six countries of Central and Eastern Europe. The event was spearheaded by three experts from the Committee and provided an opportunity to review achievements and assess obstacles and challenges in two areas: women in political and public life, and domestic violence against women. It also drew up a set of recommendations for action by the six Governments concerned, including national machineries to enhance implementation of the Convention. The statement adopted by the Conference was subsequently submitted to the General Assembly (A/C.3/58/8).

VI. Dissemination of the Convention, its Optional Protocol and information on the work of the Committee

52. The Division for the Advancement of Women maintains a page on its website that is dedicated to the Convention and its Optional Protocol and the work of the Committee. The text of the Convention and its Optional Protocol, the reports of States parties, lists of issues and questions, responses from States parties, the Committee's concluding comments and documents prepared for the Committee, as well as other relevant information concerning the Convention, its Optional Protocol, the working methods of the Committee and the meetings of States parties are posted on the website. The Committee's concluding comments are also disseminated through the electronic listserv administered by OHCHR.

53. Noting that only the documentation of recent years is available on the Division's website, the Committee has suggested that the Division prepare an estimate of resources required to electronically store and make available on the website the documentation relating to the consideration of reports of States parties for the early years of operation of the Committee.

54. During the reporting period, the Division wrote to national machineries for the advancement of women, national human rights institutions and selected non-governmental organizations, including lawyers and bar associations, in an effort to disseminate information about the communications procedure under the Optional Protocol and encourage its further dissemination at the national level. Information about the procedure was also provided to different stakeholders in conjunction with intergovernmental and expert meetings held at United Nations Headquarters.

55. The Division had a new edition of the booklet containing the Convention and the Optional Protocol printed in the six official United Nations languages, using extrabudgetary resources. A limited number of copies of the booklet, in relevant languages, have been made available to the regional commissions.

VII. Conclusions and recommendations

56. **The Committee has significantly enhanced its working methods to improve the constructive dialogue with States parties and to discharge all its responsibilities under the Convention and the Optional Protocol. However, the number of reports received annually on average far exceeds the capacity of the Committee to consider them within its current annual meeting time, leading to the accumulation of a backlog of reports awaiting consideration. The**

Committee also contributes to common efforts of all treaty bodies through inter-committee meetings and meetings of chairpersons on the harmonization of reporting procedures and enhanced implementation of the human rights treaties at the national level. Technical assistance provided by the Committee's secretariat, funded to a large extent by extrabudgetary resources, contributes to the strengthening of the capacity of States parties to implement the Convention, including the reporting obligation.

57. **The General Assembly may wish to approve the Committee's request for extension of its meeting time so as to enable the Committee to discharge its responsibilities in a timely and effective manner.**

Notes

[1] To be issued as *Official Records of the General Assembly, Sixtieth Session, Supplement No. 38* (A/60/38).

[2] See *Official Records of the Economic and Social Council, 2005, Supplement No. 7* and corrigendum (E/2005/27 and Corr.1), chap. I, sect. D.

[3] See *Official Records of the General Assembly, Fifty-ninth Session, Supplement No. 38*, part two, chap. V, sect. B.

Annex I

Convention on the Elimination of Discrimination against Women: ratification and reporting status as at 31 July 2005

Year and session	*Number of ratifications by countries*	*Number of reports submitted*	*Number of countries whose reports were considered*	*Number of reports considered*
1980	10	0		0
1981	21	0		0
1982 — first	11	7		0
1983 — second	8	12	7	7
1984 — third	11	5	6	6
1985 — fourth	20	4	5	5
1986 — fifth	7	16	8	8
1987 — sixth	3	19	8	8
1988 — seventh	1	12	13	13
1989 — eighth	5	11	9	9
1990 — ninth	4	13	12	12
1991 — tenth	7	17	10	10
1992 — eleventh	10	13	9	9
1993 — twelfth	11	12	11	12
1994 — thirteenth	8	12	15	17
1995 — fourteenth	13	7	10	11
1996 — fifteenth	3	17	9	9
1997 — sixteenth and seventeenth	7	19	18	23
1998 — eighteenth and nineteenth	2	23	16	18
1999 — twentieth and twenty-first	2	24	14	17
2000 — twenty-second and twenty-third	1	24	15	20
2001 — twenty-fourth and twenty-fifth	3	11	16	22
2002 — twenty-sixth, twenty-seventh and exceptional sessions	2	29	26	31
2003 — twenty-eighth and twenty-ninth	5	24	16	23
2004 — thirtieth and thirty-first	4	34	16	19
2005 — thirty-second and thirty-third	1	23 (as at 31 July 2005)	16	18

Annex II

Human rights treaty bodies: number of ratifications; number and duration of sessions per year as at 31 July 2005

Human rights instrument	*Number of ratifications*	*Treaty body*	*Number of sessions per year and approximate dates*	*Number of reports considered annually (average)*
Convention on the Elimination of All Forms of Discrimination against Women	180	Committee on the Elimination of Discrimination against Women	Two, of three weeks each (in January-February; in July), each preceded by a one-week pre-session working group of five members	16
Optional Protocol to the Committee on the Elimination of Discrimination against Women	71	Committee on the Elimination of Discrimination against Women	Three, of three days each (in January and July)	
International Covenant on Civil and Political Rights	154	Human Rights Committee	Three, of three weeks each (1. March-April; 2. July-August; 3. October-November)	10
Optional Protocol to the International Covenant on Civil and Political Rights	105	Human Rights Committee	Three one-week working groups, of at least five members	
International Covenant on Economic, Social and Cultural Rights	151	Committee on Economic, Social and Cultural Rights	Two, of three weeks each (1. April-May; 2. November-December), each with a one-week pre-session working group of five members	10
International Convention on the Elimination of All Forms of Racial Discrimination	170	Committee on the Elimination of Racial Discrimination	Two, of three weeks each (1. February-March; 2. July-August)	16 to 22
International Convention on the Elimination of Racial Discrimination (declaration under article 14 — communications procedure)	43 (as at 2003)	Committee on the Elimination of Racial Discrimination		
Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment	140	Committee against Torture	Two, of two weeks and of three weeks, respectively, with a one-week pre-session working group (1. April-May; 2. November)	12

Human rights instrument	*Number of ratifications*	*Treaty body*	*Number of sessions per year and approximate dates*	*Number of reports considered annually (average)*
Convention on the Rights of the Child	192	Committee on the Rights of the Child	Three, of three weeks each (1. January; 2. May; 3. September), each with a one-week pre-session working group of the entire Committee	27
International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families	30	Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families	Two, of one week each	n/a

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Follow-up to the outcome of the special session on children

Promotion and protection of the rights of the child

Follow-up to the special session of the General Assembly on children

Report of the Secretary-General

Summary

The present report has been prepared in response to the request of the General Assembly to the Secretary-General, in its resolution 59/261 of 23 December 2004, to prepare an updated report on progress achieved in realizing the commitments set out in the final document of the twenty-seventh special session of the Assembly, entitled "A world fit for children", with a view to identifying new challenges and making recommendations on actions needed to achieve further progress.

* A/60/150.

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I. Introduction

1. The present report is the third update of progress made in follow-up to the special session of the General Assembly on children, which was held from 8 to 10 May 2002. The first report (A/58/333) was presented at the fifty-eighth session and the second (A/59/274) at the fifty-ninth session.

2. At the historic session of the Assembly devoted exclusively to children, delegations from 190 countries adopted the Declaration and Plan of Action set out in the document entitled "A world fit for children" (resolution S-27/2, annex). That document committed Governments to a time-bound set of goals for children and young people, with a particular focus on (a) promoting healthy lives; (b) providing quality education; (c) protecting children against abuse, exploitation and violence; and (d) combating the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

3. Delegates also committed their Governments to a framework for moving forward, which included the following:

(a) Developing or strengthening action plans for children, including specific goals and targets, by the end of 2003, with wide involvement of civil society, including non-governmental organizations (NGOs) and children;

(b) Strengthening national planning, coordination, implementation and resource allocation for children and integrating the international goals of "A world fit for children" into national policies and plans;

(c) Establishing or strengthening national bodies for the promotion and protection of children's rights;

(d) Regular monitoring of the situation of children at the national level and periodic reviews of progress towards the fulfilment of the global agenda.

4. As stated in previous reports, the four major goal areas of "A world fit for children" strongly reinforce the United Nations Millennium Declaration (General Assembly resolution 55/2 of 8 September 2000) and the Millennium Development Goals, of which seven directly address and affect the rights of children. It was clearly recognized that the building of a world fit for children would be a major step in fulfilling the commitments of the Millennium Summit of 2000.

5. Implementation of the commitments of the special session on children is taking place in the context of coordinated follow-up to the other major international conferences and summits. Notable among them are the World Summit on Sustainable Development and the International Conference on Financing for Development, both held in 2002. The goals of "A world fit for children" are also firmly grounded in the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex), adopted at the twenty-sixth special session of the General Assembly on HIV/AIDS.

6. The agenda of "A world fit for children" forms part of the international efforts to ensure truly sustained development and to mobilize additional resources for this purpose, owing to the very high potential impact of effective investments in the survival, health, education and protection of children for broad-based poverty reduction and socio-economic progress.

II. Progress in follow-up to the special session on children

A. Global trends in the follow-up process

7. A year ago it was clear that, while many countries had taken concrete actions to translate the commitments made at the 2002 special session into national actions plans for children or to integrate them into other national policies and planning processes, the overall rate of progress had been uneven. The global picture is now more encouraging.

8. Information received by the United Nations Children's Fund (UNICEF) as of May 2005 indicates that 41 countries have completed national plans of action for children since the special session and that an additional 45 national plans for children are under formulation. A further 14 countries foresee the development of such a plan. Some 14 countries had already developed national plans for children near the beginning of the decade, and several of them are under revision.

9. In addition, as envisaged by the special session, many countries have chosen to incorporate the goals and commitments of "A world fit for children" into other national policy and planning instruments, such as poverty reduction strategies, national development plans and sector plans, including sector-wide approaches. Some 145 countries have used one or more of the instruments for their follow-up activities. Of those, some 61 countries are using poverty reduction strategies as a primary method for pursuing their national goals for children; 24 countries are using national development plans; and 60 countries are using mainly sectoral or cross-sectoral plans.

10. In all, at least 172 countries have either taken or foresee taking some form of action to put the goals of the special session on children into operation. Priority issues for children are thus being increasingly reflected in mainstream national planning processes. Many countries have also launched more specific initiatives in the priority areas of the Plan of Action of "A world fit for children" or are reviewing relevant national legislation in order to achieve greater consistency with the Convention on the Rights of the Child.

11. Many Governments used a broadly consultative process for developing plans of action for children and other responses. In most cases, inputs were obtained from a range of government ministries, non-governmental organizations (NGOs), agencies and organizations of the United Nations, parliamentary representatives and local government authorities. Involvement of children and young people in the preparation of national plans of action for children and sectoral plans in child-related areas has also increased since the special session. Children and young people played substantial roles in the preparation of a majority of the national plans of action for children prepared in 2004. There is scope for more active participation of children and young people in the preparation of poverty reduction strategies.

12. In some cases, however, the follow-up process was slowed by external factors, including political instability, armed conflict and other crises. Nonetheless, some Governments faced with those problems have recognized the potential of the goals of "A world fit for children" and of the Millennium Development Goals to provide a unifying agenda in the process of social recovery.

B. Progress and trends among regions

13. Regions have pursued the follow-up to the special session on children at different speeds and have shown different preferences with regard to the best way to proceed. Central and Eastern Europe, the Commonwealth of Independent States and the Baltic States have made outstanding progress in the initial planning phase. Almost all countries in the region have completed follow-up plans or are well advanced in doing so.

14. Both Latin America and the Caribbean and Asia have made widespread efforts since the special session on children. In Latin America and the Caribbean, there has been a major focus on developing new national plans for children or revising existing ones. Countries in South Asia and in East Asia and the Pacific have used a wider range of instruments, including national development plans, poverty reduction strategies and sectoral plans.

15. Of 35 industrialized countries at the special session, some 21 have developed or are preparing national plans of action for children, and 6 are following up through sectoral plans. Many of those countries have undertaken consultations and media initiatives with the general public, often with the support of civil society organizations and in collaboration with the national committees for UNICEF. Some industrialized countries are also seeking to reflect the commitments of the special session on children through their official development assistance.

16. In sub-Saharan Africa, some 35 countries have opted to integrate the goals of the special session on children into their poverty reduction strategies. In addition, some 18 countries have developed or intend to develop a national plan of action or policy paper on children. A number of countries are complementing their poverty reduction plans with specific policies and programmes on such issues as orphan care and protection, girls' education, prevention of child trafficking and the reform of juvenile justice.

17. Progress was also recorded in the Middle East and North Africa, though at a more limited pace. Ten countries in the region have developed or intend to develop a national plan of action or policy paper on children; 8 countries are integrating efforts for children into their national development plans or poverty reduction strategies; and 6 are developing sectoral plans relevant to the goals of the special session on children.

C. The role of regional mechanisms

18. In every region, Governments have continued to use intergovernmental mechanisms to follow up on the special session.

19. The second Intergovernmental Conference on Children in Europe and Central Asia, which was held in Sarajevo in May, 2004, has resulted in an increased focus on protection issues, including violence against children. The regional consultation for the United Nations Study on Violence against Children, which took place in Slovenia in July 2005, considered violence in the various settings where it occurs. The Sarajevo conference has further stimulated national review and planning on children's rights. A fourth regional meeting of NGO coalitions in Europe was held in

March 2005, focusing on children's rights in Europe, including the development of plans of action and advocacy with the European Union.

20. The African Union held a special summit in Ouagadougou in September 2004, in which 18 Heads of State participated to discuss poverty reduction efforts. A declaration was adopted, with an action plan that included increased support for programmes in the areas of HIV/AIDS, tuberculosis and malaria. At the subregional level, a unit was established within the Secretariat of the Economic Community of Western African States to strengthen the monitoring of the annual peer review of progress towards the commitments made at the special session and other international conferences.

21. In Latin America and the Caribbean, the sixth Ibero-American ministerial meeting on children and adolescents, held in Costa Rica, focused on the protection of children from violence and other forms of exploitation. The Ministers called for intensified efforts to prevent and combat violence and exploitation of children and asked for the establishment of a system to monitor progress towards achievement of the goals for children. At the Ibero-American summit, the leaders issued a declaration on education, including a call for "debt-for-education" sector plans.

22. In South Asia, a network of statistical bureaus was established in 2004 to monitor the Millennium Development Goals related to children. The network will explore monitoring the millennium and special session commitments in 2005. In East Asia and the Pacific, countries are tracking progress in achieving the commitments of the Bali Consensus, which lists focus areas for regional cooperation, recommends partnerships and identifies principles of action for realizing the global commitments. The seventh East Asia and Pacific Ministerial Consultation on Children was held in March 2005 and promoted greater commitment by 26 Governments to improve the lives of the region's children.

23. The Arab Parliamentary Union hosted the first Arab parliamentarian conference on child protection in Amman in November 2004, with the collaboration of the Inter-Parliamentary Union and UNICEF. A declaration was adopted, calling for all Arab parliaments and consultative councils to consider establishing a national parliamentarian committee on children's rights as an oversight mechanism for all parliamentary work related to children. The Declaration also highlighted a range of specific actions that could be undertaken to strengthen the protection of children and their rights. The Arab Parliamentary Union was requested to organize a regional meeting every two years to take stock of progress.

24. Throughout all regions, coalitions and networks of religious leaders, children's rights groups, development NGOs, women's organizations, professional associations, United Nations and other organizations continue to follow up on the goals of the special session, helping to keep them high on the political agenda and contributing to their implementation. The Global Movement for Children, launched in conjunction with the special session, organized the "Lesson for Life" initiative, which mobilized 4 million children and adults in 67 countries to discuss HIV/AIDS and its impact on children on the occasion of World AIDS Day. This provided children with the opportunity to hold discussions with policymakers and contribute to national HIV/AIDS action plans.

D. Strengths and weaknesses in the follow-up process

25. **Coverage of major goal areas**. The Plan of Action of the special session emphasizes the importance of monitoring progress towards the established goals, which have provided guidance for the preparation of national plans. All the national plans of action for children prepared in 2004 address in specific terms the four areas of the Plan of Action. Other national plans — poverty reduction strategies and national development plans — refer to measures already undertaken by Governments to track the realization of the goals, including improvement of statistical systems and assessment of plan implementation. However, few of the poverty reduction strategies give significant focus to child protection issues, and many place only limited emphasis on early childhood development.

26. **Participation of civil society in the follow-up process**. Civil society is frequently involved in the preparation of plans, but less so in their implementation, monitoring and review. The preparation of poverty reduction strategies and national development plans has often involved trade unions, parliamentarians and the private sector, while the national plans of action for children have more often involved children and young people, through task forces, polls or children's parliaments. However, it appears that in many countries that are now in the implementation phase, the levels of participation have not been fully maintained.

27. **Meaningful participation of children**. The special session increased the momentum for the participation of children in national decision-making. The participation of children and young people in the preparation of national plans and in specific initiatives such as back-to-school or immunization campaigns has since increased. However, much more advocacy is needed for their participation in the full cycle of national planning.

28. **Planning for children at the subnational level**. Decentralization reforms in many countries are providing opportunities for supporting children at subnational levels. The process of developing child-related goals at the provincial and municipal levels has been completed in several countries, based on local assessments and participatory planning. There is growing recognition of the benefits of addressing challenges that children face at decentralized levels of Government, where community ownership can more readily be fostered.

29. **Provisions to reach the most disadvantaged groups**. The majority of plans and policies include approaches that focus specifically on the most disadvantaged groups. The national plans of action for children tend to address the needs of disadvantaged children more explicitly than other instruments. In most cases, the generation of data to support programmes specifically oriented to disadvantaged families and children remains a challenge.

30. **Convergence in planning for child-related goals**. The strong focus of the United Nations Millennium Declaration on the lives of children has created a positive synergy with the goals of "A world fit for children" and has led to the convergence of national planning processes around a common set of goals. Many national plans refer to both. The fact that the Millennium Development Goals benefit from widespread support from agencies whose mandate is not specifically for children means that issues relating to children are now high on the international agenda. The special session goals, for their part, provide greater specificity and also encompass the crucial area of child protection, which is not directly addressed by

the Goals. Nevertheless, the impact of that convergence on programmes should be carefully monitored to ensure that it does not result in decreased visibility for children's issues.

31. **Budget allocations to meet the goals**. Several countries are mobilizing additional resources and protecting expenditures for the four areas identified in the Plan of Action of "A world fit for children". Poverty reduction strategies and national development plans have been useful instruments in mobilizing resources. However, few of the national plans of action for children have well-developed budget information. Efforts are needed to strengthen the link between national plans of action and national budgets.

32. **Increased attention to the Convention on the Rights of the Child**. The majority of the national plans of action for children make reference to the Convention or to the concluding observations of the Committee on the Rights of the Child on the respective country reports. Other human rights instruments, such as International Labour Organization (ILO) Convention No. 138 concerning the Minimum Age for Admission to Employment and ILO Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour, and the two optional protocols to the Convention on the Rights of the Child, are also increasingly recognized as part of the framework for national plans of action. Almost all the national plans of action on children prepared since the special session anticipate the need to review national legislation in relation to the provisions of the Convention. A number also propose strategies to increase the attention given to the views of children. In addition, poverty reduction strategies are increasingly taking into account elements of the Convention on the Rights of the Child.

E. Strengthening of monitoring mechanisms for child goals

33. The Plan of Action of "A world fit for children" emphasizes the importance of monitoring progress towards the adopted goals. Many countries that are implementing poverty reduction strategies or national development plans have established rigorous monitoring mechanisms, often coordinated by the central finance or planning ministry. Poverty reduction strategies normally include provisions for the involvement of major stakeholders in annual assessments and for public progress reports.

34. The mechanisms foreseen in the national plans of action for children are more variable. Some do not include a central monitoring mechanism, while in others, the body that was entrusted with the preparatory process is also responsible for monitoring and annual reporting. Many of the plans of action recognize reporting obligations to the general public and see civil society organizations as partners in monitoring progress. However, such participation in monitoring has not yet been widely institutionalized.

35. The concern for strengthening national statistical capacity, recognized in the Plan of Action, is reflected in many of the national plans for children. This includes heightened attention to disaggregated data. While many countries have well-established systems for monitoring trends related to health and education, data availability remains weak in the area of child protection.

36. The impetus behind the goals of the special session, combined with the broad international focus on the goals contained in the United Nations Millennium Declaration, has led to improvement of national monitoring systems. Many countries have moved towards unified data collection and monitoring systems for these international goals. The organizations and agencies of the United Nations and other international actors continue to collaborate in supporting a consolidated system of data collection, monitoring the goals and reporting to the Committee on the Rights of the Child.

37. Some 44 countries have adopted the *DevInfo* database system for compiling and presenting child-related data and data on the goals contained in the Millennium Declaration. United Nations agencies have made major efforts to support national capacity for regular reporting on the goals and, in some countries, to strengthen information systems on child-related goals at the subnational level. The various data collection and analysis systems will be used to generate information for reports on progress towards the goals of the Millennium Declaration and of "A world fit for children".

38. A response related to the monitoring of child-related goals has been the widespread national reporting in the last few years on the Millennium Development Goals. As of July 2005, at least 102 countries had issued monitoring reports on the Goals.

39. UNICEF and other agencies are supporting a new round of Multiple Indicator Cluster Surveys (MICS) that will provide the largest single source of data for reporting on progress towards the Millennium Development Goals and the goals of "A world fit for children". Comparable child-related data will also be produced by Demographic and Health Surveys. Nearly 90 countries will be engaged in household surveys during 2005 and early 2006. The surveys will provide a rich source of data for reporting to the commemorative plenary meeting in 2007 on the special session on children, on a date to be decided by the General Assembly at its sixtieth session (resolution 58/282, para. 8). It will also assist in closing some of the major gaps in information in such areas as child protection.

40. Since the special session on children, the Committee on the Rights of the Child has discussed the status of follow-up with reporting countries, and its concluding observations include comments on the oral responses of Governments on the issue. There are indications that countries preparing reports to the Committee on the Rights of the Child in 2005 and beyond will incorporate an assessment of progress in following up on the commitments of the special session.

III. Progress in the four major areas of "A world fit for children"

A. Promoting healthy lives

41. Of the 10.8 million children that die each year, 6 million fall victim to diseases that could be prevented or effectively treated. The high-impact, cost-effective interventions needed to substantially reduce under-five mortality are available, but remain beyond the reach of many of the families who need them most. Other

actions — such as proper infant feeding and breastfeeding — are still not practised by many families.

42. According to the child health goals of "A world fit for children" and the Millennium Development Goals, infant and under-five mortality are to be reduced by two thirds by 2015. At present, only a small proportion of countries are on track to attain these goals, and most regions are in danger of falling short if efforts are not stepped up. In support of acceleration towards the goals, the international community is launching a renewed partnership effort for child survival, including the Global Immunization Vision and Strategy for 2006-2015 prepared by the World Health Organization (WHO) and UNICEF with other partners.

43. In recent years, routine immunization has consistently benefited about three quarters of the world's children. Current strategies, using a mix of routine services and accelerated disease-control programmes, have contributed significantly to child survival, averted an estimated 2.5 million deaths every year and prevented countless episodes of illness and disability. Still, over 29 million children, mainly in disadvantaged communities, are not reached by routine immunization. By 2003, coverage had increased to 76 per cent in developing countries, from 73 per cent in 2001. The Global Immunization Vision and Strategy includes recommendations for a set of mutually reinforcing strategies to close the remaining gaps in coverage.

44. International partnerships have helped to spur the reduction of measles. During the period 2001-2004, about 200 million additional children were vaccinated in sub-Saharan Africa, reducing measles deaths to fewer than 240,000 in 2004. Meanwhile, the Global Polio Eradication Initiative saw an almost 50-per-cent decline in the number of reported cases in 2004 in Asia. However, setbacks occurred in Africa, and the global number of reported polio cases increased to more than 1,200, compared to 784 in 2003. Most countries continue to implement supplementary immunization activities for both polio eradication and measles control. Nevertheless, there is a critical need to strengthen routine immunization services in order to sustain the gains achieved.

45. Of the 58 countries still seeking to eliminate maternal and neonatal tetanus, 33 have initiated or expanded supplemental immunization activities for tetanus toxoid in high-risk districts over the past four years, protecting almost 46 million women. Elimination efforts have significantly reduced the number of annual neonatal tetanus deaths. However, uncertainty about future funding continues to jeopardize the attainment of this goal.

46. Efforts to improve maternal health include the strengthening of referral systems and the inclusion of emergency obstetrical care as a priority programme in national poverty reduction strategies. However, despite intensified efforts in some countries, notably in parts of Asia and Latin America, safe motherhood initiatives still tend to suffer from a shortage of resources and a lack of adequate attention.

47. The Integrated Management of Childhood Illnesses initiative is a major effort for the convergent delivery of services for child survival, growth and development. West African countries have piloted a complementary initiative for Accelerated Child Survival and Development. Those initiatives, in over 90 countries, have supported expanded coverage of high-impact health and nutrition interventions to address major causes of child death.

48. The use of insecticide treated nets to combat malaria has expanded in some 35 African countries as well as in parts of Asia and the Pacific, with a focus on promoting access among the groups most at risk. The scaling up of coverage remains a challenge, and the rates of re-treatment of the nets with the recommended insecticide remain very low in many affected countries. Long-lasting nets have now been developed, and the partners in the Roll Back Malaria initiative are working to increase both production capacity and demand. UNICEF, WHO and other partners also supported the introduction of artemisinin-based combination therapy for malaria in a number of countries during 2004.

49. The prevention of anaemia is increasingly recognized as vital to women's health and to the intellectual development of infants and young children. Food fortification and iron supplementation are widely ranked among the most cost-effective interventions for poverty reduction. The current approach of providing iron-folate supplements during pregnancy has had limited impact on anaemia rates during pregnancy, owing to problems in distribution. Efforts are needed to scale up food fortification in many countries.

50. Iodine deficiency disorders are the most widespread cause of preventable mental retardation among children. An alliance of United Nations agencies, Governments, business, donors and NGOs is leading a successful campaign for universal salt iodization. As a result, some 54 countries faced iodine deficiency as a public health problem in 2003, down from 110 in 1993.

51. Up to 40 per cent of child deaths could be prevented with improved family care. Some 94 countries have now developed a set of recommended family and community practices to promote child survival, growth and development. Meanwhile, the number of countries with a national policy on early childhood development increased from 17 in 2002 to 34 in 2004. As a result, child development and family issues have been incorporated more fully in national programmes.

52. More than two thirds of the children in the least developed countries received vitamin A supplements in 2004. Despite the reduced use of National Immunization Days, vitamin A supplementation coverage remained steady. Most countries now have alternative strategies in place. Some 21 countries achieved over 70-per-cent coverage of children under five years of age with two rounds of supplementation. Measles vaccinations and vitamin A supplementation have also been prioritized as life-saving interventions in a number of recent emergency and post-conflict situations.

53. Revised United Nations inter-agency guidelines have emphasized the need to assist HIV-positive mothers in selecting the most appropriate infant feeding options while reducing the risk of child mortality and increasing support for breastfeeding among the general population. The introduction of the WHO/UNICEF Global Strategy for Infant and Young Child Feeding has refocused efforts, including the baby-friendly hospital initiative, on support to women and families.

54. Although the world remains on track to reach the international target for safe drinking water, it represents a significant challenge in terms of future resource requirements. South Asia has made rapid progress but continues to have the largest population without access to facilities. The lowest coverage levels continue to be in sub-Saharan Africa, despite recent progress there. Meanwhile, action on sanitation

has stalled in most developing regions. More than a dozen countries in Asia and Central America now have to implement arsenic detection and mitigation programmes. Major water and sanitation interventions have also been necessary in several crisis situations, in response to conflicts and floods.

55. There is an urgent need for increased access to improved water and sanitation systems to control waterborne diseases that undermine child survival and development, reduce productivity and raise health care costs and to reduce the burdens that fall particularly on girls and women. Substantial efforts are needed for the scaling-up of locally planned interventions for poor families; community-based hygiene improvement and water safety; and strengthened sector plans, policies and budgets for hygiene, sanitation and water supply.

B. Providing quality education

56. The Millennium Development Goals promise to give all children a full primary education by 2015, and "A world fit for children" adopted targets explicitly designed to help achieve this. Problems such as armed conflict, child labour, child trafficking and HIV/AIDS create serious impediments. However, investing in basic education is clearly a major preventive measure against HIV/AIDS and child labour and is central to winning the fight against poverty.

57. The Millennium Development Goals challenge countries to achieve universal primary education, promote gender equality and empower women. Corresponding targets require that by 2015 all children should be able to complete a full course of primary schooling, and that gender disparities be eliminated in primary and secondary education by 2005. Despite progress in some regions, an estimated 115 million primary school-age children, including 62 million girls, were out of school in 2001. The bulk of the children live in South Asia or sub-Saharan Africa, but countries in other regions also have significant pockets where outcomes are poor in terms of enrolment, completion and educational achievement.

58. Many countries in sub-Saharan Africa and South Asia, in particular, face an uphill task to get enrolment on track for achieving the 2015 goal. Enrolment growth rates need to be strong enough to overtake increases in the school-age population, to compensate for the over-aged children still enrolled in primary schools and to cope with the impacts of poverty, child labour, poor health and nutrition, and HIV/AIDS, which lead to irregular attendance and dropping out. While some countries have made commendable progress in enrolment growth rates in the past 20 years, they would need to improve that performance by up to 3 times over the next 10 years. Increases in girls' enrolment will need to be even greater. For those countries and regions on track for achieving access and parity goals, a heightened focus will be needed on issues of quality and equality.

59. Even where enrolment is generally high and gender gaps are low, as in Latin America and the Caribbean, repetition and dropout rates are often significant owing to poor quality education, classroom-level discrimination and weak public school systems. At least 55 countries are taking specific measures to boost girls' progression to post-primary education. Nevertheless, factors such as sexual exploitation, violence and lack of post-school opportunities continue to present obstacles.

60. Although in some countries boys are disadvantaged in terms of dropout rates and learning achievement, it is mainly girls who are disadvantaged — both as a group and as a subgroup of the disadvantaged, such as rural poor, ethnic minorities and indigenous populations. For all of the groups, disadvantage begins in the early years. These children are more likely to start school later than the prescribed age, less likely to be developmentally ready or well prepared for school and more prone to drop out or fail to achieve in school.

61. The Millennium Summit and the special session on children aspired to eliminate gender disparities in primary and secondary education by 2005. However, the United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that 76 countries are likely to miss reaching gender parity at the primary and secondary levels by 2005. Increases in enrolment have not necessarily been accompanied by reductions in the gender gap. UNICEF estimates that while the ratio of girls' to boys' gross enrolment increased from 86 per cent to 92 per cent in developing countries during the 1990s, girls' primary school completion rates still lagged behind those of boys by almost 10 per cent in 2002. That highlights the importance of targeted interventions to address the specific factors affecting the education of girls.

62. Advocacy on Education for All and the urgency of the target for gender parity in basic education by 2005 have helped to create a climate for action in most regions. Some 79 countries now have national plans relating to Education for All that include explicit measures to reduce the number of out-of-school girls. Those measures are helping to boost access through interventions ranging from advocacy and the provision of school meals and classroom materials to intersectoral efforts that incorporate health, nutrition, water and sanitation and sometimes protection initiatives in schools.

63. Meanwhile, the United Nations Girls' Education Initiative is providing a basis for greater strategic focus in building alliances for girls' education. Regional focal points and a global advisory committee have been set up, and a work plan has been developed that commits partners to working on specific tasks. The Education for All — Fast Track Initiative, launched by the World Bank in 2002, has also helped to increase the focus on disparities in dropout and completion rates.

64. The most widespread gains in enrolment and gender parity have generally come about through mainstreaming efforts or through large-scale campaigns, such as "back-to-school" programmes in post-conflict situations. In other cases, such gains have been associated with major policy changes such as the abolition of school fees.

65. The assessment of progress in improving the quality of education has been hampered by a lack of widely used indicators. There remains a need for a comprehensive strategy for the monitoring and assessment of education quality. At the policy level, there is now greater emphasis on conditions that are likely to contribute to quality improvements, such as gender-sensitive curricula and teaching methods, adequate learning materials in both regular and post-crisis situations, clean water and sanitation facilities in schools and the promotion of hygiene and life skills education. About 41 countries have adopted a "child-friendly" package approach which promotes physical improvements in schools together with the training of teachers and such interventions as school meals.

C. Protecting against abuse, exploitation and violence

66. An estimated 300 million children worldwide are subjected to violence, exploitation and abuse, including the worst forms of child labour; violence and abuse in communities, schools, institutions and workplaces or during armed conflict; and such harmful practices as female genital mutilation or cutting and child marriage. During armed conflict and natural disasters, and in areas where HIV/AIDS is prevalent, children deprived of or separated from their families become especially vulnerable to such practices. Children in institutions also frequently face adverse conditions.

67. Conflicts have continued to create large numbers of refugee and internally displaced children whose human rights, including the right to survival, are put at great risk. Globally, poverty and family breakdown still leave many millions of children living on the streets, working in hazardous occupations, exposed to violence and abuse or deprived of access to education. The growing numbers of HIV/AIDS orphans puts many more children at risk of child labour or in need of alternative forms of family care.

68. The most prominent gaps in protecting children worldwide are in the following areas: sexual abuse and exploitation, including in armed conflict; the use of children as soldiers; trafficking; hazardous work; harmful practices; and the situation of children not in the care of their families or in conflict with the law.

69. As the prevalence and severity of child protection issues have become better known, Governments have responded by ratifying human rights conventions and making a commitment to new standards, such as the optional protocols addressing trafficking, child prostitution and child pornography, and children in armed conflict. Countries continue to commit themselves to improved international standards for child protection.

70. Substantial progress has been made in the adoption by Governments of the Optional Protocols to the Convention on the Rights of the Child. International Labour Organization Convention 182 on the worst forms of child labour had been ratified by 156 countries by July 2005, an increase of 41 since 2001.

71. Progress is especially apparent in the reform of juvenile justice systems, although custodial sentencing continues to be too heavily used as a response to children in conflict with the law. More than 80 countries have adopted specific action plans and concrete programmes to address child labour. Progress on the review and strengthening of legal standards to protect children from violence has been encouraging, particularly in Central and Eastern Europe and in Latin America and the Caribbean. Guidelines have also been developed on justice in matters involving child victims and witnesses of crime.

72. The Department of Peacekeeping Operations and UNICEF have collaborated to ensure the consideration of child protection in peacekeeping missions. Those offices and agencies, the World Bank, the International Labour Office and non-governmental organizations have also supported the demobilization and reintegration of child soldiers in several countries. Work has been stepped up to protect women and children from sexual violence in emergencies, including through the training of humanitarian workers and the establishment of procedures for the reporting of abuse.

73. United Nations agencies and other partners have continued to work with Governments and civil society to generate support for laws and systems that protect children. Those partnerships have helped strengthen both the provision of preventive and protective services — for example, by the reform of juvenile justice systems — and community-led efforts to keep children safe. Such efforts have helped to establish a more protective environment in some countries and need to be pursued more widely.

74. Growth in information, combined with continued advocacy for policy reform, has helped to raise awareness of violence against and exploitation and abuse of children. With it has come increased political will to act, as seen in the response to the Indian Ocean tsunami. Global initiatives, such as the mid-term review of the outcomes of the second World Congress against Commercial Sexual Exploitation of Children, held in Yokohama, Japan, in 2001, based on regional consultations and with the involvement of young people, and the United Nations Study on Violence against Children have also increased attention to child protection.

75. Birth registration rates have risen sharply in parts of Africa, Asia, Latin America and the Caribbean. New legislation and measures to reduce the costs to parents have contributed to a greater demand for birth registration. However, stronger partnerships are needed to build capacity in the civil administration systems on which sustained birth registration depends.

76. Intercountry cooperation and the involvement of groups, such as parliamentarians, can be effective in tackling such sensitive issues as cross-border trafficking and the commercial sexual exploitation of children. However, the incorporation of child protection in wider development frameworks has not been extensive enough, owing in part to a lack of attention to the wider concerns of the United Nations Millennium Declaration.

D. Combating HIV/AIDS

77. The Millennium Development Goals articulated the global commitment to halt and begin to reverse the spread of HIV/AIDS by 2015. Almost all affected or vulnerable countries are now implementing plans and programmes to meet that commitment. Despite those efforts, many affected people, including children, have yet to receive the attention they need in AIDS-specific and related initiatives and in funding mechanisms.

78. The impact of HIV/AIDS is devastating and is likely to get worse. In 2004, 40 million people were living with HIV/AIDS. Of those, 2.2 million were children under 15. In addition, some 510,000 children below 15 years of age died of AIDS, and 640,000 were newly infected with HIV, mostly through a failure to prevent mother-to-child transmission. Between 2001 and 2003, the number of children estimated to have been orphaned by AIDS rose from 11.5 to 15 million. By 2010, the number of children orphaned by AIDS in sub-Saharan Africa alone is projected to exceed 18 million. The epidemic is also increasing in intensity in other regions, including South and East Asia, the Caribbean, Latin America and Eastern Europe.

79. In the worst-affected countries in sub-Saharan Africa, children's lives are being radically worsened by the impact of HIV/AIDS on their families and communities and on education, health care, food security and welfare systems.

Many millions of adolescents are at risk and vulnerable to HIV infection as they approach adulthood. In regions where prevalence is still low and/or concentrated in specific areas or population groups, the challenge is to halt the epidemic before it spreads to the general population.

80. Increasingly, the face of HIV/AIDS is young and female. Women and girls now account for half of all people infected with HIV. The numbers are likely to rise since biological and social factors make them more vulnerable to infection than men or boys. Poverty, gender inequality and exploitation are at the root of those vulnerabilities.

81. Where HIV/AIDS is declining, it is primarily because young people have learned to practice safe behaviours. Responses are increasingly focused on meeting young people's needs for appropriate information, skills and services. A number of countries are now developing or have national strategies in place for preventing HIV among young people. A key challenge is often to ensure that young people are reached early in adolescence and that skills development continues through to young adulthood. Rapid expansion of appropriate life skills-based education is a priority.

82. At the end of 2004, the Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that less than 1 per cent of adults were utilizing voluntary counselling and testing services in the 73 countries most affected by AIDS, that fewer than 10 per cent of pregnant women had access to effective services for the prevention of mother-to-child transmission and that less than 3 per cent of orphans and vulnerable children were receiving adequate support. This picture gives some indication of how far the global fight still has to go.

83. In 2004, the WHO/UNAIDS 3 by 5 Initiative provided the impetus for greatly increased access to treatment and could remove many barriers to future prevention, such as stigma and lack of access to HIV testing. There was a significant increase in the availability of funds from such sources as the Global Fund to Fight AIDS, Tuberculosis and Malaria; the President of the United States of America's Emergency Plan for AIDS Relief; and the World Bank Multi-Country AIDS Programme. Several United Nations agencies provided technical assistance for the development of funding proposals and, in some cases, procurement services. Nonetheless, country proposals need to do more to encourage attention to affected or vulnerable children and adolescents.

84. To date, an estimated 89 countries have adopted national strategies for the prevention of mother-to-child transmission of HIV/AIDS; 79, for school-based life skills education; and 47, for the protection and care of orphans and vulnerable children. While progress has been encouraging, greater efforts are still needed, including in countries with low prevalence. A further key challenge is to ensure that successful interventions are in fact implemented on a national scale. In 2003, only 2 per cent of HIV-positive women identified through prevention programmes received antiretroviral treatment. Only a very limited number of children in poor countries have access to cotrimoxazole to prevent common infections.

85. There is also increasing awareness of the importance of nutrition for children infected by HIV, with wider development of policies and guidelines on infant feeding and measures to ensure that HIV-positive women receive support in using safe child-feeding options. Nutritional security initiatives for children affected by HIV/AIDS are also being supported by the United Nations in selected countries,

including the Food and Agriculture Organization of the United Nations (FAO), UNICEF and the World Food Programme (WFP).

86. Support for orphans and vulnerable children and for the families and communities that provide the immediate response is still reaching only limited numbers. Greater attention to these children is needed in most national development plans. In 2004, 16 African countries and international partners undertook planning exercises to expand interventions and funding. The global partners forum on orphans and vulnerable children, convened by the World Bank and UNICEF, provides a mechanism for tracking responses and for coordinated action on such issues as removal of financial barriers to schooling.

87. To promote harmonization, effective use of resources, rapid action and results-based management, the "three ones" principles were adopted by developing countries and key partners in 2004. The principles call for support of one national plan, one coordinating mechanism and one monitoring and evaluation system in each country. United Nations country theme groups are working with other partners to put the principles into effect. There has been progress in establishing indicators, and approximately 74 countries now have monitoring mechanisms in place or under development.

88. The partners in the fight against AIDS face strategic challenges in deploying available resources to curb the spread of the epidemic among children and adolescents while at the same time providing care, support and treatment to those already affected. Overall, since the special sessions of the General Assembly on HIV/AIDS and on children, there has been stronger leadership at all levels, and new resources have been mobilized. Access to antiretroviral treatment has become an international priority, although preventing and addressing paediatric AIDS remain a major challenge. The progress achieved still pales in comparison with the epidemic's spread and impact, especially on children and young people.

IV. Ways forward

89. The United Nations special session on children adopted a set of goals that complement and strongly reinforce the Millennium Declaration and the Millennium Development Goals, bringing more specificity to the actions that are needed to achieve them. The updated analysis of progress in the present report suggests that most of the goals of "A world fit for children" will be achieved only through a major intensification of action for disadvantaged children and families across the world.

90. During the three years since the special session, there have been numerous but often isolated examples of rapid progress in individual countries and in regions. The examples demonstrate that accelerated progress is possible but also that current efforts need to be expanded and better supported by resource allocations, and at the political level.

91. Of the 190 countries that adopted "A world fit for children", at least 172, subsequently joined by Timor-Leste, have now taken or foresee taking action to operationalize its goals. Of those, some 114 have opted for national plans of action or policies specifically for children, while others have incorporated the goals, to a greater or lesser extent, in macroplanning or sectoral planning instruments. Many of

the plans of action, however, have yet to fully develop linkages to national budgeting, implementation and monitoring mechanisms.

92. The goals of "A world fit for children" are benefiting from the widespread support among Governments and international agencies for the goals adopted at the Millennium Summit, since the two are mutually enhancing. However, the lack of inclusion of child protection targets in the Millennium Development Goals continues to pose the challenge of ensuring that this priority area is appropriately considered in macrolevel plans, including in poverty reduction strategies. The plans should take account of the ways in which the protection of children affects the fulfilment of human rights and of how an insufficient focus on addressing such problems as child trafficking, child labour and violence against children is likely to hinder progress in national development significantly.

93. Much work remains to be done in order to ensure adequate and sustained national budget allocations for children, supplemented by donor assistance where needed. Countries with poverty reduction strategies and national development plans generally have well elaborated budgets, and those instruments provide an important means for directing resources to programmes that benefit children.

94. In many countries, the implementation of programmes for children will continue to be a challenge owing to weaknesses of institutional capacity in addition to budgetary constraints and, in a number of cases, conflict and instability. Among the possible ways forward are the establishment of high-level national councils for children, capacity-building of national children's agencies and collaboration with parliamentarians and civil society organizations in the promotion of child-focused budgets. Some of the most notable successes have been at subnational levels. Strengthening local government agencies can assist in the development, implementation and monitoring of child-centred programmes and can lead to greater integration and relevance of efforts as well as to local mobilization.

95. The more inclusive processes that have been used in the initial follow-up to the special session on children have resulted in a greater sense of ownership by civil society organizations and in the expectation that they will continue to be involved in subsequent phases. High priority should be given to developing structures and processes for facilitating the ongoing involvement of civil society — including children and young people — as a key part of the effort to mobilize society's resources to fulfil the rights of children.

96. Especially innovative has been the recognition of children and young people as a major constituency, in addition to their involvement in many government-led decision-making processes. During the period since the special session, activities undertaken by and with children and young people have proliferated. Those trends have also increased the need for adequate support and standards for the continued participation of children in reviews of progress.

97. Building on the efforts already made by Governments, regular reporting to the public on progress towards the goals of the United Nations Millennium Declaration and of "A world fit for children" should be ensured as an important means of social mobilization for development and as a way to strengthen accountability. In addition, civil society and community groups could be helped to generate information in specific areas, such as on the protection and care of children orphaned owing to AIDS. Greater emphasis should also be placed on the generation and use of data that

is disaggregated by gender, location and other key variables in order to address disparities and support local follow-up actions.

98. Regional mechanisms are playing an important role in maintaining political support for the goals of the special session on children and in monitoring progress across countries through peer reviews. The mechanisms could be further used to facilitate the intercountry exchange of experience and good practices in child-related programmes.

99. At the international level, the Committee on the Rights of the Child has the potential to promote a closer linkage between follow-up on the special session goals, the Millennium Development Goals and periodic reports by State parties on the Convention on the Rights of the Child. Use should be made of the Committee's concluding observations on State party reports to maintain government and public mobilization with respect to the goals for children. The United Nations system should continue to assist Member States in their follow-up to the Observations where required.

100. "A world fit for children", the outcome document adopted at the twenty-seventh special session of the General Assembly, and subsequent resolutions have called on the Secretary-General to report regularly to the Assembly on progress in implementing the Declaration and Plan of Action contained in that document. A further update on progress will, accordingly, be provided to the Assembly in 2006, leading up to a more detailed report and analysis to be presented to the commemorative plenary meeting to be scheduled for 2007. The review process leading to the detailed report will be based on national sources, and all countries will be requested to hold a participatory review with stakeholders and provide a progress report in standardized format before the end of 2006.

101. The United Nations system remains committed to providing support to national and regional initiatives where required. UNICEF will continue to work closely with Governments and with other United Nations and international partners, including for the collection and dissemination of information on progress and experience gained in the implementation of the Declaration and Plan of Action of "A world fit for children".

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Item 49 of the provisional agenda*
2001-2010: Decade to Roll Back Malaria in Developing Countries, particularly in Africa

2001-2010: Decade to Roll Back Malaria in Developing Countries, particularly in Africa

Note by the Secretary-General

The Secretary-General hereby transmits the report prepared by the World Health Organization, in accordance with General Assembly resolution 59/256.

Summary

The present report highlights the activities undertaken and progress made since the last report in meeting the 2010 malaria goals, in the context of General Assembly resolution 59/256 and the Abuja Declaration on Roll Back Malaria in Africa (2000). The efforts of the World Health Organization (WHO) and the Roll Back Malaria Partnership are presented, as are key issues in resource mobilization and financing, including the role of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The access of people at risk to preventive measures and effective treatment for malaria and related issues are examined and reported in detail. While dozens of countries have followed WHO recommendations to change their treatment policies for malaria, there are significant obstacles to the implementation of those new policies. The main difficulties are caused by insufficient financial resources, inadequate health systems and a shortage of health care personnel. The report also provides updates on efforts to create stable supplies and increase access to the latest generation of antimalarial medicines, artemisinin-based combination therapy and long lasting insecticidal nets. Progress on strengthening human resource capacity and research and development are also described.

New initiatives that will substantially increase funding for malaria control include the World Bank Booster Project, the United States Government's new international malaria initiative, the Malaria Control and Evaluation Partnership in Africa, funded by the Bill and Melinda Gates Foundation, and the pledge made at the 2005 Group of Eight Summit to contribute more funds to malaria control.

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The report concludes with a recommendation for actions that could be taken by the General Assembly in line with the Millennium Project report on malaria and the resolution on malaria adopted by the World Health Assembly in 2005 to help accelerate progress in meeting the goals of the Decade.

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I. Background

1. In its resolution 59/256 entitled "2001-2010: Decade to Roll Back Malaria in Developing Countries, Particularly in Africa", the General Assembly took note of the declarations and decisions adopted by the Organization of African Unity, in particular the declaration and plan of action on the "Roll Back Malaria" initiative adopted at the Extraordinary Summit of the Heads of State and Government of the Organization of African Unity, held in Abuja on 24 and 25 April 2000, and recognized the linkages in efforts being made to reach the targets set in the Abuja Summit as necessary and important for the achievement of the "Roll Back Malaria" goals and the targets of the United Nations Millennium Declaration, by 2010 and 2015, respectively. In its resolution, the Assembly recognized the urgent need for scaling up national malaria control programmes if African countries were to meet the intermediate target set by the Abuja Summit for the five-year period 2000-2005. It also emphasized the importance of implementing the Millennium Declaration and welcomed the commitment of the Member States to respond to the specific needs of Africa, while commending the efforts of the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and other partners for their efforts, including the launch of the Roll Back Malaria Partnership in 1998.

2. In the same resolution, the Assembly called for support for the recommendations contained in the report of the Secretary-General (A/59/261). In summary, these were to: (a) call upon the international community to continue to support the "Roll Back Malaria" partner organizations, including WHO and UNICEF, as vital complementary sources of support for the efforts of malaria-endemic countries to combat the disease; (b) ensure that the Global Fund to Fight AIDS, Tuberculosis and Malaria receive increased funding to support sound national plans to control malaria; (c) urge malaria-endemic countries to increase domestic resource allocation to malaria control; (d) encourage African countries that had not yet done so to implement the recommendations of the Abuja Declaration to waive taxes and tariffs on nets, netting materials and other products needed for malaria control; (e) call upon malaria-endemic countries to strengthen policies and programmes to ensure a rapid scale-up in the coverage of insecticide-treated nets to at least 60 per cent of those at risk, where the use of such nets was the vector-control method of choice, by applying expeditious approaches, including targeted free or subsidized distribution to vulnerable groups; (f) encourage Member States experiencing drug resistance to conventional monotherapies to replace them with combination therapies as recommended by WHO; and (g) recognize the importance of developing effective vaccines and new medicines to prevent and treat malaria.

3. In the same resolution, the Assembly reiterated the need for expanded public-private partnerships for malaria control and prevention. In particular, it urged the petroleum companies operating in Africa to provide polymer to manufacturers of mosquito nets at reduced prices, and called upon the international community (a) to support ways to expand access to artemisinin-based combination therapy for populations at risk of exposure to resistant strains of falciparum malaria, including commitment of new funds, innovative mechanisms for financing and national procurement of artemisinin-based combination therapy and the scaling up of artemisinin production to meet the increased need; and (b) to support investment in the development of new antimalarial medicines and insecticides. The international community was also called upon to support coordinated efforts to improve

surveillance, monitoring and evaluation systems so as to better track and report changes in the coverage of recommended Roll Back Malaria interventions and subsequent reductions in the burden of malaria.

4. The Secretary-General was requested to collaborate closely with WHO, UNICEF, developing countries and regional organizations, including the African Union, in conducting in 2005 an evaluation of the measures taken and progress made towards the achievement of the mid-term targets, the means of implementation provided by the international community in this regard and the overall goals of the Decade, and to report thereon to the General Assembly at its sixtieth session. In addition, the Secretary-General was requested to report to the General Assembly on the implementation of the resolution.

II. Roll Back Malaria Partnership

5. The Roll Back Malaria Partnership, launched in 1998 by WHO, the World Bank, UNICEF and the United Nations Development Programme (UNDP), includes malaria-endemic countries, their bilateral and multilateral development partners, the private sector, non-governmental and community-based organizations, foundations, and research and academic institutions. All these constituencies are represented on the Roll Back Malaria Partnership Board.

6. The Roll Back Malaria Partnership secretariat, hosted by WHO, is responsible for optimizing support for country-level efforts and ensuring that contributions from individual partners are coordinated and focused on the needs of countries in line with best-practice recommendations and technical norms and standards. The secretariat, led by the Executive Secretary of the Roll Back Malaria Partnership, operates at the global, regional, subregional and country levels. Its four main areas of work at the global level are: (a) partnership development and networking; (b) country support development; (c) communication and advocacy; and (d) resource mobilization and financing.

7. The Partnership's working groups are responsible for establishing consensus on best practices for scaling up malaria control. The Partnership has adopted several consensus statements and has developed an overarching Roll Back Malaria Global Strategic Plan 2005-2015, which charts the way for partners to achieve 80 per cent coverage of populations with all Partnership interventions, a 50 per cent reduction in the burden of malaria by 2010, and the achievement of the Millennium Development Goals by 2015.

8. At the regional level, the Roll Back Malaria Partnership secretariat has served as a liaison between regional partners such as the African Union, the Economic Community of West African States, the New Partnership for African Development, the Southern African Development Community, WHO and UNICEF regional offices and other regional initiatives. The Partnership's subregional networks in Central, East, Southern and West Africa facilitate coordination of partner support for scaling up malaria control, for example, by supporting countries to implement grants from the Global Fund to fight AIDS, Tuberculosis and Malaria. They have also facilitated the smooth introduction of new initiatives such as the Malaria Control and Evaluation Partnership in Africa, a pilot project to promote rapid scale-up in selected counties (see para. 15), and are currently working with the World Bank on its new Malaria Booster Project.

9. The Roll Back Malaria Partnership's advocacy efforts over the past year have included: (a) coordination of high-level advocacy events, such as the Africa Live Roll Back Malaria Concert in Dakar and the launch of the World Malaria Report in three global capitals; (b) developing targeted advocacy strategies for the United Kingdom of Great Britain and Northern Ireland, the European Union and the United States of America (including United States congressional briefings and British and European Union parliamentary meetings), publishing key reports and facilitating the broadcast of television documentaries, as well as global media outreach; (c) coordination and support for Africa Malaria Day 2005 activities at the global, regional and country levels; (d) ensuring visibility of Roll Back Malaria in the calendars of key United Nations, international, regional and country meetings and events highlighting malaria issues and progress; and (e) production and maintenance of a range of Roll Back Malaria partnership advocacy tools, including a new brochure and other materials.

10. Ensuring efficient procurement of antimalarial commodities is essential if countries are to scale up interventions. Some key commodities such as artemisinin-based combination therapies and insecticide-treated nets are not yet produced in large enough quantities because manufacturers lack confidence in the market. The Roll Back Malaria Partnership's Malaria Medicines and Supply Service is working to remove such obstacles. The service now carries out global forecasting of supply and demand, communicates with manufacturers on production needs, supports country procurement actions, and monitors funding for antimalarial commodities. It has also finalized a database and forecasting tool that gives countries, manufacturers and donors a clear overview of supply and demand for high-quality antimalarial products.

III. Funding and resource mobilization

11. The global resources needed to effectively roll back malaria are estimated at approximately $2 billion per year for Africa and $1 billion for the other malaria-endemic regions of the world. Those figures take into account the need for artemisinin-based combination therapies, which are far more costly than previous monotherapies, in countries with drug-resistant falciparum malaria. At current prices, the said therapies for the more than 600 million people exposed to malaria in Africa alone will cost about $1 billion per year. Prices of combination therapies are expected to decrease to some extent as early as 2006, when demand and production have stabilized at higher levels. Furthermore, increased coverage by insecticide-treated nets and the use of diagnostic tools are likely to reduce expenditures on medicines in the long term.

12. The Global Fund to Fight AIDS, Tuberculosis and Malaria, which started its operations in 2002, has become an important international source of funding for malaria control. By the end of 2004, the Fund had allocated $1.8 billion on a five-year basis for malaria control in 69 countries, including 38 in Africa. The approved two-year budget totals $995 million (or 22 per cent of the total disbursements) and the approved commitment for 2005 and 2006 totals $881 million. The Round Five call for proposals in 2005 has elicited malaria proposals from 62 countries, for a total request of approximately 1.9 billion over five years. The current five-year allocations are meant to fund a total of 145 million artemisinin-based combination therapy treatment courses and 108 million insecticide-treated nets. To date, there has

been a delay in the first stage of implementation, which is understandable, considering its scale. By mid-2005, 12 malaria grants totalling $148 million had passed into phase II operations. In 2005, Roll Back Malaria partners, in particular, WHO country, regional and headquarters offices, have responded to requests from 43 countries to assist in developing Fund proposals, as well as to address critical technical issues pertaining to interventions to be selected and quickly scaled up.

13. Other resource flows for malaria control are more difficult to track, in particular out-of pocket expenditures and public funding embedded in the provision of basic public health services, which are increasingly financed through broad budget support programmes. In 2004 and 2005, the Roll Back Malaria Partnership has worked towards improving resource allocations for malaria at the country level to complement funding available from the Global Fund and external donors. Coordinating optimal use of these resources is increasingly challenging due to the introduction of interventions that are both new to countries and more expensive. Increasing and competing demands for resources at the country level require programmes to show progress towards agreed goals and efficiency in the use of allocated resources. The Partnership is supporting the development of new tools to improve planning and monitoring of malaria-control programmes, such as an electronic cost-estimation tool, which is available on the Internet.

14. In April 2005, the World Bank announced it would substantially increase its support to combat malaria in the context of its new global strategy, supported by a booster project that would make funding available to countries to enhance their own programmes to fight malaria. The Bank believes that a total commitment of $500 million to $1 billion is feasible over the next five years, including anticipated co-financing from partners. The Bank will itself mobilize financial and technical resources, and activate support from the development community and private sector to expand access to prevention and treatment and to improve sustainability. Such efforts are intended to increase the availability of commodities, encourage countries to lower taxes and tariffs on such items, improve and maintain long-term malaria control by Governments and civil society groups and build public-private partnerships.

15. In May 2005, during the fifty-eighth World Health Assembly in Geneva, the Malaria Control and Evaluation Partnership in Africa — an in-country collaboration between the Program for Appropriate Technology in Health (an international, non-profit organization), the Government of Zambia and the Zambia Roll Back Malaria Partnership — was launched. Its goal was to accelerate and document the impact of progress towards meeting Zambia's malaria control targets. The immediate goals of the new partnership are to support coordination of rapid scale-up using proven malaria control strategies — including insecticide-treated nets, indoor mosquito control and effective medication — to reach 80 per cent of Zambia's population and to cut deaths due to malaria by 75 per cent within three years. The initiative, supported by a new, nine-year $35 million grant from the Bill and Melinda Gates Foundation, is intended to serve as a model for other African nations.

16. In June 2005, the United States Government announced a new international malaria initiative that would target up to 35 high-burden countries over five years. Initially, three countries — the United Republic of Tanzania, Uganda and Angola — will be targeted. At present, the United States of America contributes $200 million annually through bilateral programmes and the Global Fund to Fight AIDS,

Tuberculosis and Malaria. President Bush proposed a $30 million increase for 2006, $135 million more for 2007, and an additional $300 million increase per year from 2008 to 2010. The United States of America will also ask other major donors to provide $1.2 billion per year. The objective is to exceed the 2015 Millennium Development Goals for malaria.

17. In its communiqué following the Gleneagles Summit held in July 2005, the Group of Eight made a commitment to work with African countries to scale up action against malaria to reach 85 per cent of vulnerable populations through key interventions that could save lives and reduce the drag on African economies from this preventable and treatable disease. The communiqué called for an additional $1.5 billion annually to help ensure access to insecticide-treated nets, artemisinin-based combination therapies, intermittent preventive treatment for pregnant women and infants, indoor residual spraying and building the capacity of African health services.

IV. Access to effective treatment for malaria

18. Malaria-endemic countries have, for the most part, shifted their treatment policy for *Plasmodium falciparum* malaria, away from previously used single medicines, which have lost effectiveness due to parasite resistance. To date, 53 countries — 32 of them in Africa — have adopted the artemisinin-based combination therapies recommended by WHO as their first- or second-line treatment.

19. WHO has provided technical assistance to the ministries of health of malaria-endemic countries to enable the new policies based on the monitoring of therapeutic efficacy to be adopted. A global report on the state of antimalarial drug resistance will be launched in September 2005. Countries are now beginning to implement the new combination treatments, with WHO assistance for the preparation of national treatment guidelines, the training of health workers and the launch of implementation research on the use of the treatments at the community level.

20. The rapid shift to artemisinin-based combination treatment policies by countries in 2004 and 2005 and the resulting surge in demand – from 2 million treatment courses in 2003 to 30 million courses in 2005 — has led to a shortfall of artemisinin and artemisinin-based combination therapies. The internationally financed demand for artemisinin-based combination therapies in 2006 is expected to exceed 100 million courses. Over the past year, industry has made major efforts to step up production of artemisinin-based combination therapies, while measures have been taken to ensure that the shortfall will be reduced by the end of 2005. Artemisia annua, the source of artemisinin, has been cultivated in several countries since 2004-2005. While the largest producers are still China and Viet Nam, East African countries (Kenya, Uganda and the United Republic of Tanzania) are now scaling up production and are expected to account for about 20 per cent of world production by the end of 2006. Although demand is expected to increase over the next 3 to 4 years, there is concern that production might increase too rapidly and that plant production might be started in some places without access to industrial extraction of the active ingredient. To improve the linkages between agricultural production, ingredient extraction and the manufacture of finished pharmaceuticals, WHO and the Malaria Medicines and Supply Services convened a meeting in Arusha (United Republic of

Tanzania), in June 2005, that brought together all actors engaged in artemisinin-based combination therapy production. In addition, the Food and Agriculture Organization of the United Nations (FAO) and WHO have initiated a collaborative programme for continuous exchange of information on technical issues, production and demand.

21. To ensure the quality of products, an international mechanism to pre-qualify manufacturers of artemisinin compounds and artemisinin-based combination therapies has been established by WHO and UNICEF. Products and manufacturers that comply with internationally recommended standards are included in a list, which is published as a guide to all United Nations agencies and others involved in procuring artemisinin-based combination therapies. To date, one manufacturer of an artemisinin-based combination therapy (artemether-lumefantrine (Coartem®)) and two manufacturers of artesunate tablets have been pre-qualified. A broader selection of therapies, greater competition among producers, increased global financing and appropriate policies for health financing at the country level are now required.

22. New antimalarial medicines are needed to replace those being lost to parasite resistance. Investments in drug development for diseases of the poor, such as malaria, which have a low return on investment, are not among the priorities of the pharmaceutical industry. Recognition of this fact led to the establishment in 2001 of a non-profit private-public foundation called the Medicines for Malaria Venture, whose work is described in paragraph 44 below.

23. In April 2005, the Drugs for Neglected Diseases Initiative and Sanofi Aventis announced plans to develop and seek pre-qualification for two new fixed-dose artemisinin-based combination therapies combining artesunate with amodiaquine and artesunate with mefloquine. Their aim is to submit the first marketing authorization application by late 2005 or early 2006. The partners claim that the new co-formulations will be less expensive than existing artemisinin-based combination therapies.

24. Rational use of parasite-based diagnosis could reduce expenditure for antimalarial medicines. Diagnosis by microscopy has not been used in many malaria-endemic countries due to a shortage of skilled personnel. More recently, simple rapid diagnostic tests have become available. WHO and Roll Back Malaria partners are working on the establishment of quality assurance for these products and services and an operational research agenda to assess the feasibility and cost-effectiveness of using them at the service delivery level. Currently, most malaria cases, especially in Africa, are detected in the home and treated with medicines that have been acquired outside formal health services. Research supported by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases has shown that home management of malaria, a package including education of mothers, training of community-level providers and supply of pre-packaged quality medicines, can reduce malaria mortality and morbidity. The package will need to be fully implemented in areas of high malaria transmission to ensure early access to prompt and effective treatment. Projects in a number of African countries seek to establish the feasibility, acceptability and effectiveness of using artemisinin-based combination therapies in the context of home management of malaria.

V. Coverage of malaria vector control

25. According to household surveys, there has been some increase in the coverage of insecticide-treated nets in African countries.[1] This improvement has been facilitated by: (a) a greater investment of national and international funds; (b) rationalization of taxes and tariffs on bed nets, netting materials and insecticides by most African Governments; (c) the fact that since 2002, several countries have begun providing insecticide-treated nets free of charge, or at highly subsidized prices, to children under five years of age and pregnant women; and (d) social marketing of insecticide-treated nets and their increased local production. Surveys of net use in Africa reveal that 10 to 30 per cent of the population uses untreated nets, while the percentage using insecticide-treated nets is lower.

26. The Roll Back Malaria Partnership has focused considerable effort on determining the most effective ways to deliver insecticide-treated nets to vulnerable populations. Experience has shown that the distribution of nets or net vouchers can be successfully integrated into antenatal care and/or an expanded programme of immunization services. The UNICEF-supported Accelerated Child Survival and Development programme, implemented in 11 West African countries, has demonstrated significant increases in insecticide-treated net coverage among infants and pregnant women through such routine services. In Ghana, Zambia and, more recently, Togo, the combination of measles vaccination campaigns with insecticide-treated net distribution has been very successful in rapidly increasing net coverage in vulnerable groups. An integrated systems approach provides the opportunity for countries to rapidly reach their short-term targets for insecticide-treated net coverage. Experience suggests that net distribution stimulates demand and increases coverage for immunization and antenatal care services.[2] Integration with either or both such services can also be undertaken through social marketing, e.g. delivering highly subsidized nets to pregnant women and children through antenatal clinics. Malawi has achieved an estimated 55 per cent insecticide-treated net coverage of households by using this approach, at the same time ensuring equity. Programmes to increase insecticide-treated net coverage may also include control activities for other diseases, e.g. the elimination of lymphatic filariasis, deworming and distribution of micronutrients.

27. Long-lasting insecticidal nets, which maintain their efficacy without retreatment for four to five years, represent an important innovation that could facilitate sustainable scale-up of malaria prevention. The price of nets of this type has fallen to approximately $5, making them a more cost-effective option than conventional insecticide-treated nets. They currently account for about 80 per cent of bednet requests from countries in Africa in their applications to the Global Fund, and 90 per cent of all nets funded through bilateral and other funding sources. The demand for long-lasting insecticidal nets has rapidly increased since 2004, and now outstrips their production, with some countries currently experiencing delays of up to several months in procuring them. The first African factory to manufacture such nets, the object of a transfer of technology engineered by Roll Back Malaria partners, opened in Arusha (United Republic of Tanzania), in November 2004. More efforts are needed to increase capacity for local production of insecticide-treated nets in Africa.

28. Indoor residual spraying is a highly effective method for malaria vector control that is particularly useful when a rapid effect is needed, particularly in epidemics

and other emergency situations. It is an integral component of the national malaria control programme strategies of almost half of the malaria-endemic countries in Southern and Eastern Africa, most of those in Asia, and in Latin America. While Asian and American countries are in many endemic areas seeking to replace indoor residual spraying with insecticide-treated nets, an increasing number of countries in Africa now use it for mosquito control in epidemic-prone areas.

29. The first meeting of the Conference of the Parties of the Stockholm Convention on Persistent Organic Pollutants was held in Uruguay from 2 to 6 May 2005. The Conference noted the need for countries that were currently using DDT for disease vector control to do so until appropriate and cost-effective alternatives became available. The Conference also urged the strengthening of the capacity of countries to effectively implement and evaluate the impact of the use of DDT and its alternatives, and requested the financial mechanism of the Convention to support efforts to develop and deploy cost-effective alternatives to DDT (such as insecticides for indoor residual spraying, long-lasting insecticide-treated materials and non-chemical alternatives), inviting the support of other international financial institutions.

VI. Malaria in pregnant women and infants

30. An estimated 10,000 pregnant women and 200,000 infants die each year in Africa as a result of falciparum malaria infection during pregnancy. Malaria in pregnancy increases the risk of spontaneous abortion, stillbirth, premature delivery and low birth weight. Furthermore, in areas of low or seasonal transmission, pregnant women with little or no immunity to malaria are at increased risk of dying from malaria complications. Co-infection with HIV exacerbates all aspects of malaria in pregnancy. WHO recommends a three-pronged strategy for reducing the impact of malaria in pregnant women: (a) intermittent preventive treatment for asymptomatic malaria infection in areas of moderate or high transmission of falciparum malaria; (b) use of insecticide-treated nets; and (c) prompt access to effective treatment for malarial illness. Now an integral part of the "making pregnancy safer" strategy, intermittent preventive treatment has been adopted as policy by 24 countries in Africa. Implementation is ongoing in at least 11 of these countries, and covers more than 50 per cent of all districts in six of them. At present, sulfadoxine-pyrimethamine is the only antimalarial drug for which there is adequate data on efficacy and safety for use as an intermittent preventive treatment. Increasing resistance of the malaria parasite to the drug makes evaluation of alternative antimalarial medicines for preventive treatment an urgent priority.

31. Five countries in Eastern and Southern Africa (Kenya, Malawi, Uganda, Zambia and the United Republic of Tanzania) have formed a coalition of malaria and reproductive health programmes (Malaria in Pregnancy Eastern and Southern Africa Coalition) to reduce the impact of malaria in pregnancy through collaboration between malaria and reproductive health programmes. The experience gained by these countries in including malaria in pregnancy control programmes is now being documented and shared with other countries in the region. A similar partnership, the Réseau d'Afrique de l'Ouest contre le paludisme pendant la grossesse, operates for countries in the West Africa subregion. Implementation guidelines and a monitoring and evaluation framework for malaria in pregnancy are under development.

32. Severe malarial anaemia takes a heavy toll on children living in malaria-endemic regions of Africa, with the greatest burden and highest mortality occurring in infants. Evidence from the United Republic of Tanzania suggests that intermittent preventive treatment could be a valuable strategy for the control of malaria and anaemia in this vulnerable group, since the administration of a curative dose of sulfadoxine-pyrimethamine to asymptomatic infants who were receiving routine vaccinations at 2, 3 and 9 months of age reduced episodes of malaria and anaemia by at least 50 per cent. Intermittent preventive treatment for infants shows considerable promise as a potential malaria control strategy, since sustainable delivery may be achieved through an expanded programme of immunization. However, more evidence of efficacy and safety is needed from a range of epidemiological settings before such treatment can be recommended for inclusion in national malaria control policies. A consortium of researchers, working with WHO and UNICEF, is addressing these issues with funding from the Bill and Melinda Gates Foundation.

33. The United Nations Foundation and the Canadian International Development Agency have taken the initiative to establish broad collaboration on rapid scale-up to ensure that all pregnant women and children under 5 years (approximately 120 million persons) in sub-Saharan Africa receive effective prevention against malaria. A first meeting of public and private stakeholders was held in Geneva in June 2005.

VII. Malaria epidemics and complex emergencies

34. Over 30 per cent of global malaria mortality is estimated to occur in countries affected by complex emergency situations. Some 16 countries in Africa are currently affected by complex emergencies or massive refugee crises, while 26 (including large countries such as Nigeria, the Democratic Republic of the Congo, the Sudan and Ethiopia) are considered "fragile States". Population movements and displacement, increased vulnerability due to malnutrition and concurrent infections, poor or non-existent housing, the collapse of health services, poor coordination among health agencies, ongoing conflict limiting access and environmental deterioration resulting in increased vector breeding all contribute to a heavier malaria burden in affected populations. Malaria control in complex emergencies requires specially adapted strategies. In November 2004, WHO organized a consultation meeting with major partners during which evidence-based best practices for acute and chronic emergency situations were developed. One sobering finding of that meeting was the absolute need for services free of charge to users for the duration of the emergency if mortality was to be reduced. As a follow-up to the meeting, the Malaria in Emergencies Network was set up in 2005. WHO also helps countries and agencies to implement effective malaria control through the development of guidelines, the mobilization of partners to draw up national strategic plans, including proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria and the posting of experienced international staff in countries. The funds available at the country level need to be matched by sound technical advice and assistance to achieve the best public health outcomes.

35. Up to 144 million people in Africa currently live in areas at risk of epidemic malaria. Epidemics cause up to 12 million malaria episodes and between 155,000 and 310,000 deaths per year among people of all ages in Africa alone.

Because resources are not sufficient to address the day-to-day health-care needs of malaria-affected populations, it is difficult for countries to allocate resources for epidemics, which by nature cannot be easily predicted. To address epidemic malaria, WHO has supported efforts to improve preparedness, early recognition and effective and timely response mechanisms, including deployment of malaria early warning systems that use remote sensing. Eight African countries (Eritrea, Ethiopia, Kenya, Mali, the Niger, Senegal, Uganda and Zambia) have included early warning systems with climate and vulnerability monitoring in their application to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Weekly disease surveillance through sentinel sites is now conducted in at least 15 of the 25 epidemic-prone countries in Africa. WHO guidelines on the prevention and control of malaria epidemics are available. The Roll Back Malaria/Sahel project will map epidemic risk areas and climatic variables across a large part of West Africa.

VIII. Capacity-strengthening and human resources

36. Most malaria-endemic countries, particularly those in sub-Saharan Africa, have health systems that are inadequate to the task of implementing effective interventions against malaria and other high-burden diseases. Countries in the region face the challenges associated with insufficient human resources, knowledge and capacity to scale up interventions and measure results. Capacity-building efforts should focus on adequate diagnosis and case management services, epidemiological and operational knowledge, and monitoring and evaluation. For proper planning and implementation of vector control, a range of technical skills for integrated vector management are needed, complemented by managerial skills. Control programmes also need to build their capacity for engaging other health programmes, communities, the private sector and non-governmental organizations.

37. Responding to increased international support and funding, WHO and other partners have supported countries in the application and implementation of Global Fund grants and resources from other donors. Malaria-endemic countries have been reorienting their programmes from strategic planning to building capacities in the health system for large-scale implementation.

38. The capacity-development activities of WHO centre on creating an enabling environment through training and institutional strengthening and networking. Over the past two years, national programme officers from over 24 African countries have been trained. International and national in-service training curricula on malaria control have been reviewed and developed in the light of the current knowledge gaps and intervention strategies.

39. A capacity assessment tool to help in strategic planning and prioritization has also been developed and piloted in Malawi and Rwanda. Other countries from the Eastern Mediterranean region are conducting similar assessments.

40. A package for district malaria control integrating all malaria-related activities into other major health programmes is currently under development. The product will be aimed at enhancing the capacity of district health teams.

IX. Research and development

41. Global investments in malaria research and development have increased steadily since the launch of the Roll Back Malaria initiative. Dedicated research and development programmes, such as the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases, continue to function in close collaboration with the Roll Back Malaria Department of WHO. Other major research partners include the Bill and Melinda Gates Foundation, with its Grand Challenges in Global Health initiative; the Multilateral Initiative for Malaria, currently hosted by Sweden, which is continuing to build research capacity in Africa; the Medicines for Malaria Venture; and the Malaria Vaccine Initiative.

42. In the pharmaceutical research arena, the Special Programme for Research and Training in Tropical Diseases has continued its work on artemisinin-based combination therapy and has also made substantial progress on rectal artesunate, which is intended for use as an emergency treatment for severe malaria. Rectal artesunate is already being manufactured by the pharmaceutical industry and is available to countries, and the work necessary for the registration of the product is now largely complete.

43. The Special Programme for Research and Training in Tropical Diseases is currently assessing the utility of rapid non-microscopic diagnostic procedures for malaria. Rapid diagnostic tests are expected to be useful for predicting and following the spread of epidemics and monitoring treatment, and thus to more efficient use of antimalarials. Mathematical models of the effects of introducing such tests have been developed and detailed plans drawn up, in collaboration with the WHO Regional Office for the Western Pacific, to ensure the quality of the tests through a network of malaria reference centres. The development of a tool package for detecting and monitoring resistance, based on in vitro drug susceptibility testing and parasite genotyping by the polymerase chain reaction, is nearing completion. This research has already been useful for the revision of WHO guidelines on resistance-monitoring policy.

44. In genetics, the Special Programme has focused on research to better utilize genomic information for the development of drugs, vaccines and diagnostics. It has also explored functional genomics derived from the Anopheles gambiae sequence, as well as the ethical, legal and social implications of using genetically modified mosquitoes for malaria control. Results in 2004 included the identification of several immune response genes that could be targeted to inhibit growth of the malaria parasite in the mosquito.

45. The Medicines for Malaria Venture is a not-for-profit organization dedicated to discovering, developing and delivering antimalarials for populations of disease-endemic countries. The goal of the Venture, which collaborates with public and private pharmaceutical, biotech and research institute partners around the world, is to develop safe, effective and affordable antimalarials for less than $1 per adult treatment, in order to reach the greatest number of people with malaria. The Venture has made it a priority to develop drugs with low intrinsic "cost of goods", in part by focusing on simple process chemistry and in part by manufacturing in regions that offer more competitive costs. With more than 20 projects in the pipeline, the Venture today manages the largest portfolio of malaria drug research in history. There are currently seven new drugs in clinical trials, two of which are already in large, late-

stage efficacy trials. A new antimalarial combination treatment could be available by the end of 2007.

46. Despite decades of research, the development of an effective malaria vaccine has been more complex than expected. The mapping of the malaria genome has revealed more than 5,000 potential target antigens, though the antigens that induce key protective immune responses in human hosts have yet to be identified. Full knowledge of the protective immune mechanism of malaria, which could guide decisions in vaccine development, is still to be attained. Without it, vaccine development remains essentially empirical and must be done through efficacy trials in endemic countries. The WHO Initiative for Vaccines Research and the Special Programme work together to support activities that contribute to the strengthening of this empirical approach while simultaneously pursuing biological understanding and knowledge of protective immune mechanisms. Given the potential public health impact and benefit of an effective malaria vaccine, private and public investment in malaria vaccine development should be increased, with cooperation among researchers, institutions, vaccine developers and funding agencies intensified in order to meet this global challenge.

X. Progress towards the Abuja goals

47. A preliminary report on the implementation of the Plan of Action of the Abuja Declaration published by the WHO Regional Office for Africa indicates that all surveyed countries (39) report having a national health policy. The vast majority of countries (92 per cent) have district health plans, which reflect the national health policy. In addition, 97 per cent of these countries have basic intervention packages (including anti-malaria ones), which are being implemented in over 80 per cent of health facilities in 70 per cent of the countries.

48. Among 34 African countries from which the information is available, national health expenditures range from 1 to 20 per cent of the Government budget, with a median of 8 per cent. Only one country (Zimbabwe) has met or exceeded the goals of the Maputo Declaration of July 2003, at which the African Union committed to the allocation of at least 15 per cent of Government budgets to health. Only one third of the countries provided information on the distribution of the health budget among primary, secondary and tertiary care. The allocation of the health budget to primary care ranged from 17 to 54 per cent, with a median of 32 per cent. On the other hand, the health budget distribution to secondary and tertiary care ranged from 10 to 60 per cent (median 22 per cent) and from 10 to 46 per cent (median 25 per cent) respectively.

49. All African countries have a national antimalarial treatment policy. About two thirds have changed their antimalarial treatment policy since 1998 in response to the emergence of drug-resistant falciparum malaria. Among countries that have changed their antimalarial treatment policy, 65 per cent did so after the adoption of the Abuja Declaration in 2000. To date, 34 African countries have adopted WHO-recommended artesiminian-based combination therapies. In addition, the vast majority of countries (over 80 per cent) have protocols for referring patients with severe illnesses from front-line facilities to the next level of the health-care system. The vast majority of countries (92 per cent) use the integrated disease surveillance and response system, which covers malaria. However, of the 31 countries that have

adopted the system, only half are in the implementation phase. All malaria-endemic countries have an integrated management of childhood illnesses programme.

50. The 35 demographic and health surveys or multiple indicators cluster surveys conducted between 1998 and 2004 in African countries showed that the percentage of children under 5 years of age with reported fever and that had received antimalarial treatment ranged from 3 to 69 per cent, with a median of 50 per cent. However, most antimalarial treatments could not be considered effective. In 2001, surveys showed that only 3 per cent of children under 5 years of age had slept under an insecticide-treated net the night preceding the survey. Current coverage is likely to be much higher, given the recent scale-up of treated net distribution.

XI. Monitoring and evaluation

51. The first *World Malaria Report*, published by WHO and UNICEF in 2005, provided an update on the epidemiological situation and progress made in the implementation of controls in all malaria-endemic countries throughout the world, and on the support provided by the international community. Data, which were mainly from the period 1998 to 2003, provide a baseline from which to evaluate progress by 2006 and 2010.

52. The Monitoring and Evaluation Reference Group, established as an advisory body of Roll Back Malaria partners in 2003 and co-chaired by WHO and UNICEF, continues its development of robust systems to reliably monitor the malaria situation and evaluate the effectiveness of Roll Back Malaria interventions. The Group has established task forces on five priority issues: (a) malaria mortality trends; (b) malaria prevalence indicators; (c) malaria-related anaemia; (d) strengthening of national monitoring and evaluation capacity for Roll Back Malaria activities; and (e) population-based surveys. In 2004, a malaria indicator survey tool was developed. All meeting reports from the Group and its task forces are available on the Roll Back Malaria Partnership website (www.rollbackmalaria.org).

53. The 2005-2006 multiple indicators cluster surveys, which are expected to include 46 malaria-endemic countries, will provide important indicator data for evaluating achievement of the 2005 Abuja targets. The data will become available in 2006.

XII. Conclusions and recommendations

54. **In January 2005, the United Nations Millennium Project published a report entitled "Coming to grips with malaria in the new millennium", prepared by the Working Group on Malaria of the Project's Task Force on HIV/AIDS, Malaria and Tuberculosis and Access to Essential Medicines. The report draws attention to malaria control as an integral part of a comprehensive development framework with a key role in poverty reduction. It notes that five years after the launching of the Roll Back Malaria initiative, country-level implementation of malaria control efforts has been severely limited because of a lack of resources. Although the situation has improved since 2002 thanks to an influx of additional resources for malaria control from the Global Fund to Fight AIDS, Tuberculosis and Malaria, more resources must**

be mobilized to meet needs. The report identifies the following set of critical issues for priority action:

(a) Establishment of a realistic and measurable target on malaria. Because the established Millennium Development Goal target on malaria — to halt and begin to reverse the incidence of malaria by 2015 — is difficult to measure and interpret, the Working Group on Malaria proposes a more measurable target: to reduce malaria morbidity and mortality by 75 per cent by 2015 from the 2005 baseline level. The proposed target and time line are consistent with the Millennium Development Goals for improved maternal health and reduction of child mortality, because children under 5 years of age and pregnant women are the most vulnerable to malaria;

(b) Enhancing commitment at the country and global levels;

(c) Strengthening health systems at the national and district levels;

(d) Development of human resources for programme implementation;

(e) Promotion of social mobilization and community participation;

(f) Provision of effective antimalarial supplies and commodities. Antimalarial medicines, insecticide-treated nets and insecticides for indoor residual spraying (mainly DDT and pyrethroids) should be considered public goods and made available free of charge to residents of malaria-endemic sites;

(g) Application of an integrated package of interventions. The Working Group on Malaria endorses the Quick Wins initiative described in the 2005 report by the United Nations Millennium Project entitled "Investing in Development", in particular with regard to insecticide-treated mosquito nets being distributed to all children in malaria-endemic areas by 2007. Because of the tremendous potential to save lives, especially in sub-Saharan Africa, the Working Group believes that the target of 100 per cent insecticide-treated net coverage among children should be an urgent international priority. Such a comprehensive strategy would promote the cognitive development and school attendance of young children;

(h) Scale-up of malaria control efforts to the national level;

(i) Promotion of social and economic development. Although the main objective is to reduce malaria-related mortality and morbidity, antimalarial intervention strategies should also promote social and economic development. Sustainability requires strategies designed to eliminate transmission in those sites that potentially generate wealth or that could promote social development. Wealth-generating sites include those that are devoted to the tourism, mining and manufacturing industries, as well as port facilities. Social development is promoted in schools and administrative centres;

(j) Incorporation of malaria prevention and treatment approaches into school curricula;

(k) Development of surveillance systems for early detection of malaria epidemics;

(l) Promotion of partnerships for malaria control;

(m) **Securing affordable access to the latest medical and therapeutic discoveries. Development of sound policies to address the threat to health security due to the sharp increase in the prices of medicines and other commodities is required. To protect poor nations from such a threat, relative policies should envision a national patent regime to secure affordable access to the latest medical and therapeutic discoveries. Commitment is also required from the international community to alleviate the restrictive features of the Trade-Related Aspects of Intellectual Property Rights agreement in its application to the health sector;**

(n) **Investment in research and development on malaria control tools.**

55. **In May 2005, the fifty-eighth World Health Assembly took stock of the situation of malaria and of efforts to roll back malaria in the world after which it adopted resolution 58/2, urging WHO member States:**

(a) **To establish national policies and operational plans to ensure that at least 80 per cent of those at risk of or suffering from malaria benefit from major preventive and curative interventions by 2010, in accordance with WHO technical recommendations, so as to attain a reduction in the burden of malaria of at least 50 per cent by 2010 and 75 per cent by 2015;**

(b) **To assess and respond to the need for integrated human resources at all levels of the health system in order to achieve the targets of the Abuja Declaration on Roll Back Malaria in Africa and the internationally agreed development goals of the United Nations Millennium Declaration, and to take the necessary steps to ensure the recruitment, training and retention of health personnel;**

(c) **To further enhance financial support and development assistance for malaria activities in order to achieve the above-mentioned targets and goals, and to encourage and facilitate the development of new tools to increase the effectiveness of malaria control, especially by providing support to the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases;**

(d) **To ensure financial sustainability and to increase, in malaria-endemic countries, domestic resource allocation to malaria control, and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria-related services;**

(e) **To pursue a rapid scale-up of prevention by applying expeditious and cost-effective approaches, including targeted free or highly subsidized distribution of materials and medicines to vulnerable groups, with the aim of ensuring that at least 60 per cent of pregnant women receive intermittent preventive treatment and at least 60 per cent of those at risk use insecticide-treated nets, wherever that is the vector-control method of choice;**

(f) **To support indoor residual insecticide spraying, where such intervention is indicated by local conditions;**

(g) **To achieve community participation and multisectoral collaboration in vector control and other preventive actions;**

(h) To develop or strengthen intercountry cooperation to control the spread of malaria across shared borders and migratory routes;

(i) To encourage intersectoral collaboration, both public and private, at all levels, especially in education;

(j) To support expanded access to artemisinin-based combination therapy, including through the commitment of new funds, innovative mechanisms for the financing and national procurement of artemisinin-based combination therapy, and the scaling up of artemisinin production to meet the increased need;

(k) To support the development of new medicines to prevent and treat malaria, especially for children and pregnant women; sensitive and specific diagnostic tests; effective vaccine(s); and new insecticides and delivery modes in order to increase effectiveness and delay the onset of resistance, including through existing global partnerships;

(l) To support coordinated efforts to improve surveillance, monitoring and evaluation systems so as to better track and report changes in the coverage of recommended Roll Back Malaria interventions and subsequent reductions in the burden of malaria.

56. On the basis of the findings of the present report and the recommendations included in the report published by the Millennium Project and those of World Health Assembly resolution 58/2, it is recommended that the General Assembly call upon:

(a) Malaria-endemic countries to establish national policies and operational plans to ensure that at least 80 per cent of those at risk of or suffering from malaria benefit from major preventive and curative interventions by 2010 in accordance with WHO technical recommendations so as to ensure a reduction in the burden of malaria of at least 50 per cent by 2010 and 75 per cent by 2015;

(b) Malaria-endemic countries to assess and respond to the need for integrated human resources at all levels of the health system in order to achieve the targets of the Abuja Declaration to Roll Back Malaria in Africa and the internationally agreed development goals of the United Nations Millennium Declaration, and to take the necessary steps to ensure the recruitment, training and retention of health personnel;

(c) Malaria-endemic countries to ensure financial sustainability and to increase, to the extent possible, domestic resource allocation for malaria control and to create favourable conditions for working with the private sector in order to improve access to good-quality malaria services;

(d) The international community to create conditions through increased financial support to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other mechanisms, for insecticide-treated mosquito nets, insecticides for indoor residual spraying for malaria control and effective antimalarial combination treatments to be fully accessible and free of charge, as public goods, for all populations exposed to malaria;

(e) WHO and UNICEF to lead the international community in an effort to establish universal protection of young children and pregnant women in areas of endemic malaria in Africa with insecticide-treated nets as rapidly as possible, with due regard to ensuring sustainability through full community participation and implementation through the health system;

(f) Malaria-affected countries to encourage intersectoral collaboration, both public and private, at all levels, especially in education, agriculture, economic development and the environment;

(g) The international community to support the development of new medicines to prevent and treat malaria, especially for children and pregnant women; sensitive and specific diagnostic tests; effective vaccine(s); and new insecticides and delivery modes in order to enhance effectiveness and delay the onset of resistance, including through existing global partnerships;

(h) The international community to support coordinated efforts to improve surveillance, monitoring and evaluation systems so as to better track and report changes in the coverage of recommended Roll Back Malaria interventions and subsequent reductions in the burden of malaria.

Notes

[1] *World Malaria Report 2005* (WHO/HTM/MAL/2005.1102), section II, table 6.

[2] Grabowsky, M. et al, "Distributing insecticide-treated bednets during measles vaccination: a low-cost means of achieving high and equitable coverage", *Bulletin of the World Health Organization*, March 2005, Vol. 83, No. 3.

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United Nations common system

Senior Management Network

Note by the Secretary-General

1. In its resolution 59/268, the General Assembly requested the Secretary-General, in his capacity as Chairman of the United Nations System Chief Executives Board for Coordination (CEB), to redesignate the Senior Management Service to reflect its character as a set of collaborative efforts to enhance the managerial capacity and performance of senior staff by respective executive heads, and to report to the General Assembly at its sixtieth session, clarifying the scope and content of such efforts, for consideration and action if it deemed it necessary.

2. Successfully meeting the challenges facing the organizations of the common system requires a strengthened leadership and management capacity, as well as an enhanced ability to work together. Managers in the United Nations system can no longer be only substantive experts; they must also be leaders of people and managers of resources, information and change, operating in a complex multicultural environment. In the present climate, in which many organizations are decentralizing and delegating authority, there is greater responsibility on managers as key drivers of change, together with enhanced accountability for results. They require the tools and strategies to become more creative, versatile and multi-skilled managers who are client-oriented, team builders, strategic thinkers, who are less risk-averse and able to work collaboratively within and across organizations.

3. The Senior Management Service in the United Nations system, approved by CEB in 2004, was conceived as a means of strengthening managerial and leadership capacity and to contribute to the creation of a common managerial culture throughout the system.

4. In response to resolution 59/268, at its ninth session (April 2005), the CEB High-level Committee on Management (HLCM) endorsed, on behalf of CEB, the redesignation of the Senior Management Service as the Senior Management Network. That designation reflects the main purpose of the initiative in creating a managerial network across the system, is in line with existing CEB terminology and

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should allay any concerns about the possible creation of a separate category of staff, or new positions.

5. The Senior Management Network will bring together senior managers throughout the system. Executive heads will be responsible for designating staff for participation in the Network and for guiding its direction. The Network does not involve any change in the conditions of service, compensation or contractual arrangements.

6. The objectives of the Senior Management Network are:

(a) To strengthen managerial and leadership capacity as an integral step in improving organizational performance;

(b) To build a common corporate culture in order to heighten a system-wide esprit de corps;

(c) To facilitate the devolution of responsibility and accountability in relation to core managerial functions;

(d) To enhance inter-agency cohesion and coordination and to promote increased mobility and learning across the system;

(e) To signal a commitment to the professionalism of the management function.

7. A system-wide leadership programme is being designed to underpin the Network. At its ninth session, HLCM also expressed support for the development and implementation of the programme and requested all organizations to collaborate in that regard. The programme aims to build managerial and leadership capacity, strengthen partnerships in the system and increase organizations' ability to work effectively together at all levels, including at the field. It is expected that the programme will be launched in 2006 for groups of senior managers from across the common system. It is intended that further managerial tools will be developed to support members in carrying out their managerial functions.

8. This approach is fully in line with research findings that an initial focus on the leadership group in organizations impacts positively on the management culture and has a positive effect on the rest of the staff. The leadership and managerial development tools expected to be introduced in the context of the Senior Management Network are expected to cascade to other groups of staff and improve overall organizational performance throughout the United Nations system.